

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

JUL 29 1960

Division of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(GOV. CODE 11380.2)

JUL 29 1960

Division of Administrative Procedure

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

Dated: July 28, 1960 (Agency)

By: *[Signature]*
Director
(Title)

FILED

In the office of the Secretary of State
of the State of California

JUL 29 1960

At 3:35 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By: *[Signature]*
Assistant Secretary of State

DO NOT WRITE IN THIS SPACE

A-137 ACQUISITION AND CONVERSION OF REAL OR PERSONAL PROPERTY

A-137

Real or personal property may be acquired or converted to other forms by a recipient without affecting eligibility if the resultant holdings do not exceed the maximum allowed by the code (see Sec. A-138.20, et seq. regarding property transfers which do not result in ineligibility).

Proceeds from the conversion of real property are evaluated as real property within the limits specified in W&IC Sec. 2165(d) and 2163.6 provided the applicant or recipient plans to use such proceeds to purchase a home, to apply on the balance due on a home already purchased or to make necessary repairs to his home. "Balance due" as used in the code and herein is limited to principal and interest payments on the home.

These regulations are to be applied in a flexible and reasonable manner which, within the limits specified in the code, will allow the recipient a maximum freedom of choice in the acquisition, conversion, or disposition of property resources without affecting his eligibility.

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These Regulations are designated to become effective September 1, 1960.

CONTINUATION SHEET
 FOR FILING ADMINISTRATIVE REGULA NS
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 (Pursuant to Government Code Section 11380.1)

Regulations

DETERMINATION OF ELIGIBILITY

A-014.70

A-014.70 COUNTY RESPONSIBILITY FOR INFORMING APPLICANTS AND RECIPIENTS

A-014.70

Pursuant to W&IC Sec. 103.3, 2016, 2019 and 2220.5, the applicant or recipient shall be (a) informed of the eligibility requirements for OAS, (b) notified of any county action which relates to his application or affects aid payment to him and (c) advised of his responsibility for reporting facts material to the determination of his eligibility. All such notifications, advice, etc., shall be in simple understandable language, individualized on the basis of the circumstances in the particular case. Required notifications include:

A. Notice of County Action Granting Aid or Changing the Amount of the Grant

Immediately following county action, granting aid or changing the amount of the grant, the applicant or recipient shall be notified in writing of the action taken. Form AG 239, Notice of Action - OAS, or a substitute form containing substantially the same information as appears on both the face and reverse of the Form AG 239, shall be used for this notification.

Exception: Form ABCD 239, or an equivalent substitute form or letter may be used in lieu of the AG 239 to report county action when:

1. The recipient's need is determined under Sections A-204.11, Special Need for Board and Personal Care or A-206.3, Special Need for Nursing Care, or
2. Recipient's need is determined under Sec. A-206.7, Special Need for Care in a Public Medical Institution and there is a vendor payment to the PMI as provided in Sec. A-225. In such case a copy of the form or letter directed to the recipient in the PMI is also sent to the institution.

B. Notification When Application is Held Pending Eligibility

When an OAS application is being held pending eligibility as provided in Sec. A-014.45, the applicant shall be notified in writing of the determination. Form ABCD 239, Notice of Action, or a substitute form containing substantially the same information as appears on both the face and reverse of the ABCD 239 shall be used for this notification. Form AG 239-C shall also be sent to the applicant as notification of his responsibility to report changes in his circumstances.

C. Notice of County Action Denying, Withholding, or Discontinuing Aid

Immediately following county action denying an application, withholding, canceling or discontinuing aid payment, the applicant or recipient shall be notified in writing of the action taken. Form ABCD 239, Notice of Action, or a substitute form containing substantially the same information as appears on both the face and reverse of the ABCD 239 shall be used for this notification. (See Sec. A-226.10 for additional information to be included on the required notification when the aid payment is withheld.)

(Continued)

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

A-014.70 (Continued)

A-014.70

D. Notification When Application is Withdrawn

When the applicant withdraws his application, Form DPA 8, Notice to Applicant who Withdraws Application, or an equivalent substitute form, shall be mailed or given to him unless the county elects to deny the application, in which case a Form ABCD 239 or appropriate substitute, shall be sent to him.

E. Notice to Recipient of His Responsibility

Every recipient shall be notified regularly of his responsibility for reporting facts material to a determination of his eligibility and amount of grant. To accomplish this, Form AG 239 C, Important Notice to All OAS Recipients, or a substitute form containing substantially the same information shall be mailed to the recipient as specified below:

1. At the time of the initial warrant on new cases or restorations
2. At least semi-annually on all continuing cases
3. At other times when the county believes notification would be of particular significance, including those instances in which the application is held pending eligibility. (See Sec. A-014.45.)

F. Confirmation of Guidance and/or Suggestions Regarding Sale of Property

When the county gives an applicant or recipient guidance or suggestions regarding the sale of his real or personal property, written confirmation shall be given to the applicant or recipient in accord with the provisions of W&IC Sec. 2019, and a copy of such confirmation filed in the case record.

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CONTINUATION SHEET
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A-212.7

DETERMINATION OF INCOME

Regulations

A-212.7 RECURRING LUMP-SUM INCOME

A-212.7

Recurring lump-sum income is (1) income which has accrued over two or more months and which can be expected to be received at intervals in the future, and (2) a benefit of a recurring type which is received less frequently than monthly.

Such income is to be applied to identified need in future months. The method of apportionment is to be that which it appears (1) will be most advantageous to the recipient in meeting his total needs, and (2) will fall within time limits which avoid overlapping apportionment periods.

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B-014.70 COUNTY RESPONSIBILITY FOR INFORMING APPLICANTS AND RECIPIENTS - B-014.70
ANB-APSB

The applicant or recipient shall be (a) informed of the eligibility requirements for AB, (b) notified of any county action which relates to his application or affects aid payment to him and (c) advised of his responsibility for reporting facts material to the determination of his eligibility. All such notifications, advice, etc., shall be in simple understandable language, individualized on the basis of the circumstances in the particular case. Required notifications include:

A. NOTICE OF COUNTY ACTION GRANTING AID OR CHANGING THE AMOUNT OF THE GRANT

Immediately following county action, granting aid or changing the amount of the grant, the applicant or recipient shall be notified in writing of the action taken. Form Bl 239, Notice of Action - AB, or a substitute form containing substantially the same information as appears on both the face and reverse of the Form Bl 239, shall be used for this notification.

Exception: Form ABCD 239, or an equivalent substitute form or letter may be used in lieu of the Bl 239 to report county action when:

1. The recipient's need is determined under Sections B-204.11, Special Need for Board and Personal Care or B-206.3, Special Need for Nursing Care, or
2. Recipient's need is determined under Sec. B-206.7, Special Need for Care in a Public Medical Institution and there is a vendor payment to the PMI as provided in Sec. B-225. In such case a copy of the form or letter directed to the recipient in the PMI is also sent to the institution.

(Continued)

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 (Pursuant to Government Code Section 11380.1)

B-014.70

DETERMINATION OF ELIGIBILITY

Regulations

B-014.70 (Continued)

B-014.70

B. NOTIFICATION WHEN APPLICATION IS HELD PENDING ELIGIBILITY

If an AB application is being held pending eligibility as provided in Sec. B-014.45, the applicant shall be notified in writing of the determination. Form ABCD 239, Notice of Action, or a substitute form containing substantially the same information as appears on both the face and reverse of the ABCD 239 shall be used for this notification, Form Bl 239-C shall also be sent to the applicant as notification of his responsibility to report changes in his circumstances.

C. NOTICE OF COUNTY ACTION DENYING, WITHHOLDING, OR DISCONTINUING AID

Immediately following county action denying an application, withholding, cancelling or discontinuing aid payment, the applicant or recipient shall be notified in writing of the action taken. Form ABCD 239, Notice of Action, or a substitute form containing substantially the same information as appears on both the face and reverse of the ABCD 239 shall be used for this notification. (See Sec. B-226.10 for additional information to be included on the required notification when the aid payment is withheld.)

D. NOTIFICATION WHEN APPLICATION IS WITHDRAWN

If the applicant withdraws his application, Form DPA 8, Notice to Applicant Who Withdraws Application, or an equivalent substitute form, shall be mailed or given to him unless the county elects to deny the application, in which case a Form ABCD 239 or appropriate substitute, shall be sent to him.

E. NOTICE TO RECIPIENT OF HIS RESPONSIBILITY

Every recipient shall be notified regularly of his responsibility for reporting facts material to a determination of his eligibility and amount of grant. To accomplish this, Form Bl 239-C, Important Notice to All AB Recipients, or a substitute form containing substantially the same information, shall be mailed to the recipient as specified below:

1. At the time of the initial warrant on new cases or restorations
2. At least semi-annually on all continuing cases
3. At other times when the county believes notification would be of particular significance, including those instances in which the application is held pending eligibility. (See Sec. B-014.45)

CALIFORNIA-SDSW-MANUAL-AB

Rev. 1063 replaces Rev. 858

Effective 9/1/60

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Regulations

PROPERTY

B-137

B-137

ACQUISITION AND CONVERSION OF REAL OR PERSONAL PROPERTY - ANB-APSB

B-137

Real or personal property may be acquired or converted to other forms by a recipient without affecting eligibility if the resultant holdings do not exceed the maximum allowed by the code (see Sec. B-138.20, et seq. regarding property transfers which do not result in ineligibility).

Proceeds from the conversion of real property are evaluated as real property within the limits specified in W&IC Sec. 3047.3 and 3447.3 provided the applicant or recipient plans to use such proceeds to purchase a home, to apply on the balance due on a home already purchased or to make necessary repairs to his home. "Balance due" as used in the code and herein is limited to principal and interest payments on the home.

These regulations are to be applied in a flexible and reasonable manner which, within the limits specified in the W&IC, will allow the recipient a maximum freedom of choice in the acquisition, conversion, or disposition of property resources without affecting his eligibility.

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CALIFORNIA-SDSW-MANUAL-AB

Rev. 1067 replaces Rev. 559

Effective 9/1/60

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B-212.7

DETERMINATION OF INCOME

Regulations

B-212.7 RECURRING LUMP-SUM INCOME - ANB

B-212.7

Recurring lump-sum income is (1) income which has accrued over two or more months and which can be expected to be received at intervals in the future, and (2) a benefit of a recurring type which is received less frequently than monthly.

If earned income is received in a lump-sum payment for services rendered over a period of more than one month, a sum up to \$50 (depending on the amount of other exempt income which may have been received) multiplied by the number of months during which the lump-sum income was earned shall be exempt from consideration.

Nonexempt lump-sum income is to be applied to identified need in future months. The method of apportionment is to be that which it appears (1) will be most advantageous to the recipient in meeting his total needs, and (2) will fall within time limits which avoid overlapping apportionment periods.

DO NOT WRITE IN THIS SPACE

CALIFORNIA-SDSW-MANUAL-AB

Rev. 1074 replaces Rev. 288

Effective 9/1/60

CONTINUATION SHEET
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C-202 NEEDS COMMON TO ALL FAMILY BUDGET UNITS

C-202

Needs are to be allowed as specified in the most recently issued ANC Cost Schedule for the county in which the family is living.

The following basic items of need are considered to be common to all families and are to be allowed in determining total need of the family budget unit. (Also see Secs. C-025 and C-025.17.)

Exception: Housing and utility costs are to be allowed for children living with their mother and stepfather only if the stepfather's income does not meet his unit's expenses. In such case the ANC unit's prorata share of the sum of: (1) the actual housing cost up to the ceiling plus \$25, (2) the cost schedule amount for utilities, and (3) any special need amount for utilities (see Section C-204.07); or the difference between the stepfather unit's need and his net income, whichever is less, is allowed. This exception also applies if there is a man in the house assuming the role of a spouse to the mother.

C-212.70 RECURRING LUMP-SUM INCOME

C-212.70

Recurring lump sum income is (1) income which has accrued over two or more months and which can be expected to be received at intervals in the future, and (2) a benefit of a recurring type which is received less frequently than monthly.

Such income is to be applied to identified need in future months. The method of apportionment is to be that which it appears (1) will be most advantageous to the recipient in meeting his total needs, and (2) will fall within time limits which avoid overlapping apportionment periods.

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D-014.70

DETERMINATION OF ELIGIBILITY

Regulations

D-014.70 COUNTY RESPONSIBILITY FOR INFORMING APPLICANTS AND RECIPIENTS

D-014.70

The applicant or recipient shall be (a) informed of the eligibility requirements for ATD, (b) notified of any county action which relates to his application or affects aid payment to him and (c) advised of his responsibility for reporting facts material to the determination of his eligibility. All such notifications, advice, etc., shall be in simple understandable language, individualized on the basis of the circumstances in the particular case. Required notifications include:

- A. Notice of County Action Granting Aid or Changing the Amount of the Grant.

Immediately following county action, granting aid or changing the amount of the grant, the applicant or recipient shall be notified in writing of the action taken. Form DA 239, Notice of Action - ATD, or a substitute form containing substantially the same information as appears on both the face and reverse of the Form DA 239, shall be used for this notification.

- B. Notice of County Action Denying, Discontinuing, Withholding or Cancelling Aid.

Immediately following one of the above county actions the applicant or recipient shall be notified in writing of the action taken. Form ABCD 239, Notice of Action, or a substitute form containing substantially the same information as appears on both the face and reverse of the ABCD 239 shall be used for this notification. (See Sec. D-226.10 for additional information to be included on the required notification when the aid payment is withheld.)

- C. Notification When Application is Withdrawn.

When the applicant withdraws his application, Form DPA 8, Notice to Applicant Who Withdraws Application, shall be mailed or given to him unless the county elects to deny the application, in which case a Form ABCD 239 or appropriate substitute, shall be sent to him.

- D. Notice to Recipient of His Responsibility.

Every recipient shall be notified regularly of his responsibility for reporting facts material to a determination of his eligibility and amount of grant. To accomplish this, Form DA 239 C, Important Notice to All ATD Recipients, or a substitute form containing substantially the same information shall be mailed to the recipient as specified below:

1. At the time of the initial warrant on new cases or restorations
2. At least semiannually on all continuing cases
3. At other times when the county believes notification would be of particular significance.

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D-137

PROPERTY

Regulations

D-137

ACQUISITION AND CONVERSION OF REAL OR PERSONAL PROPERTY

D-137

Real or personal property may be acquired or converted to other forms by a recipient without affecting eligibility if the resultant holdings do not exceed the maximum allowed by the code (see Sec. D-138.20, et seq. regarding property transfers which do not result in ineligibility).

Proceeds from the conversion of real property are evaluated as real property within the limits specified in W&IC Sec. 4167 provided the applicant or recipient plans to use such proceeds to purchase a home, to apply on the balance due on a home already purchased or to make necessary repairs to his home. "Balance due" as used in the code and herein is limited to principal and interest payments on the home.

These regulations are to be applied in a flexible and reasonable manner which, within the limits specified in the code, will allow the recipient a maximum freedom of choice in the acquisition, conversion, or disposition of property resources without affecting his eligibility.

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D-171 DEFINITION OF PERMANENT AND TOTAL DISABILITY

D-171

The definition of permanent and total disability as used to determine eligibility covers all of the following criteria:

1. The disability is a substantial physical and/or mental handicap, other than a psychosis.
2. The disability appears reasonably certain to continue throughout the lifetime of the individual without substantial improvement.
3. The disability is severe enough that the individual cannot adequately maintain the daily regimen or would be in jeopardy without the regular assistance or continuous supervision of another person. "Regular assistance" refers to the need for services which are ongoing, recurrent, usual, and predictable. The need for "continuous supervision" refers to an ever present or an unpredictable need for the presence and/or help of another person.
4. The disability substantially precludes the person from engaging in useful occupations within his competence such as holding a job or homemaking. Sheltered workshop and rehabilitative work are not considered substantial gainful employment.

Persons confined to a bed or chair are eligible with respect to disability if they meet criteria (1), (2) and (4) above.

Persons with a combination of impairments are eligible if the combination constitutes a disability of equal severity to that of a single major disability.

Persons who need but do not have assistance or supervision, who live alone or otherwise maintain themselves without such assistance may be eligible.

The definition of disability in this section applies irrespective of whether a person lives in an institution or elsewhere.

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D-172.20 MEDICAL REPORTS

D-172.20

Medical reports shall be made on a form prescribed by the SDSW, Form DA 1, Medical Report. To be valid, medical reports must be based on medical examinations completed no earlier than three months prior to date of application, except when another examination would be a hardship for the individual and the state review team determines that the existing report is reasonably recent and the condition reported is not likely to have improved.

D-172.21 PSYCHOLOGICAL REPORTS

D-172.21

In cases of mental deficiency, a report by a qualified clinical psychologist is required. However, if the medical and social reports are sufficient to establish disability, the report may be waived by the SDSW.

D-212.7 RECURRING LUMP-SUM INCOME

D-212.7

Recurring lump sum income is (1) income which has accrued over two or more months and which can be expected to be received at intervals in the future, and (2) a benefit of a recurring type which is received less frequently than monthly.

Such income is to be applied to identified need in future months. The method of apportionment is to be that which it appears (1) will be most advantageous to the recipient in meeting his total needs, and (2) will fall within time limits which avoid overlapping apportionment periods.

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MC-048 PHYSICAL THERAPY

MC-048

1. One modality: Infra red; ultraviolet; whirlpool; contrast baths; paraffin baths; hot fomentations; local massage; local exercise	Office	Home
Per visit	\$3.50	\$6.00
2. One modality: Short or long wave diathermy; microtherm; galvanism; sinusoidal; ionization; ultrasound		
Per visit	4.00	6.00
3. Electrical muscle test; or any combination of treatment from 1 or 2 above to one extremity or back		
Per visit	4.50	7.00
4. General massage; general exercise, postural or corrective; general underwater exercise (Hubbard tank or pool); general manual muscle re-education; any combination of treatment from 1 or 2 above to two or more extremities		
Per visit	5.00	8.00
5. Case consultation and report (ATD only)	5.00	7.50
6. Mileage per mile, one way, beyond radius of 10 miles office or home		.40

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MC-049

SCHEDULE OF MAXIMUM ALLOWANCES

Regulations

MC-049

OCCUPATIONAL THERAPY - ATD ONLY

MC-049

1. Case consultation in Rehabilitation Center \$5.00
 This is provided in conjunction with physician and other professional services.
2. Case consultation away from office or Rehabilitation Center 7.50
 This is provided in conjunction with or under the supervision of a physician.
3. Single treatment visit (less than 1½ hours) 4.50
4. Rehabilitation Center therapy (more than 1½ hours to half day) 6.00
5. Rehabilitation Center therapy (more than 3½ hours to full day) 9.00
6. Mileage per mile, one way, beyond radius of 10 miles office or home .40

MC-049.5

PROSTHETISTS AND ORTHOTISTS - ATD ONLY

MC-049.5

1. Consultation \$7.50
2. Mileage per mile, one way, beyond radius of 10 miles office or home .40

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
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S-162 MONTHLY STATISTICAL REPORT ON PUBLIC ASSISTANCE ANNUAL REINVESTIGATIONS - FORM DPA 10

S-162

PURPOSE

Manual Sections A-015, B-015, C-015 and D-015 require a reinvestigation of all circumstances of the recipient subject to change to be made at least once annually. The Monthly Statistical Report on Public Assistance Annual Reinvestigations provides a periodic reading for management in welfare departments and the SDSW on each agency's achievement in meeting this requirement.

CONTENT

Reporting is limited to a count of public assistance reinvestigations overdue at the end of each month, i.e., 12 months or more have elapsed since the preceding investigation (or reinvestigation). The report covers the following programs: Old Age Security, Aid to the Blind (ANB and APSB combined), Aid to Needy Children (FG and BHI combined) and Aid to Disabled. The length of time overdue is also reported.

SUBMITTAL PROCEDURE

Two copies of the Form DPA 10 should be submitted to the Bureau of Statistical Reports, State Department of Social Welfare, 722 Capitol Avenue, Sacramento, to arrive not later than the 18th day of the month following the report month.

(Continued)

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Statistical

PUBLIC ASSISTANCE

S-162

S-162 (Continued)

S-162

INSTRUCTIONS

Item 1: Overdue at End of Month - Enter the number of cases on which reinvestigations were overdue at the end of the month. This should equal the sum of Items 2 and 3.

Item 2: Overdue 12 Months or More - Enter the number of cases on which reinvestigations fell due 12 months ago or more and have not been completed. This means that at least two years have elapsed since an investigation of eligibility was last completed on the case.

Item 3: Overdue Less than 12 Months - Enter the total number of cases on which reinvestigations have been overdue less than 12 months. This entry must equal the sum of the entries for the various months. Exclude cases overdue 12 months or more; report these in Item 2.

Month Due - Enter a breakdown by anniversary month and year, of cases on which reinvestigations are still overdue at the end of the current month. The sum of these entries must equal the entry in Item 3.

NOTE: For OAS, ANB, APSB, and ATD, each individual is counted as a case. For ANC, the count is determined by the number of Forms CA 200, Part Two, which are due under county procedure.

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Statistical	PUBLIC ASSISTANCE	S-190
S-190 (Continued)	Form DPA 10	S-190

State of California
Department of Social Welfare

Bureau of Statistical Reports
722 Capitol Avenue, Sacramento

PUBLIC ASSISTANCE ANNUAL REINVESTIGATIONS
Monthly Statistical Report
SUBMIT IN DUPLICATE

County _____
Report for _____ 19__

ACTIVITY	Number of Cases			
	OAS	ANB and AP3B	ANC (FG & BHI)	ATD
1. OVERDUE AT END OF MONTH (2 + 3).....				
2. OVERDUE 12 MONTHS OR MORE				
3. OVERDUE LESS THAN 12 MONTHS (SUM OF ENTRIES BELOW, BY MONTHS DUE) ..				
MONTH DUE {	JANUARY 19__ ...			
	FEBRUARY 19__ ..			
	MARCH 19__			
	APRIL 19__			
	MAY 19__			
	JUNE 19__			
	JULY 19__			
	AUGUST 19__			
	SEPTEMBER 19__ .			
	OCTOBER 19__			
	NOVEMBER 19__ ...			
	DECEMBER 19__ ...			

DO NOT WRITE IN THIS SPACE

SIGNATURE OF REPORTING OFFICER

DATE

Form DPA 10, Revised May 1960

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WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

J. M. WEDEMEYER
Director

EDMUND G. BROWN
Governor

State of California
DEPARTMENT OF SOCIAL WELFARE

722 Capitol Avenue
Sacramento 14

July 26, 1960

DEPARTMENT BULLETIN NO. 587 (STAT)

TO: COUNTY WELFARE DEPARTMENTS

Subject: Transfer Rate Sample Study
County Medical Care Revolving
Funds

As required by W&IC Sections 2020.003 and 3084.05 the department must periodically determine the rates of payment to County Medical Care Revolving Funds on the basis of caseload samples. The samples are to "reflect accurately the amount of grant which would have been paid to recipients for medical care if such care had been financed by payments to recipients. ..."

In accordance with this requirement, grant data and amount of fund-covered medical care shall be reported on sample cases with state number endings 22 and 88 for OAS, and 1 and 9 for ANB on Form Temp 402 for the month of July 1960. Five months following the month of service are allowed to insure complete reporting.

Schedules shall be transmitted to reach the SDSW, 722 Capitol Avenue, between January 1 and January 15, 1961.

A supply of schedules and instructions will be forwarded to each county.

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CONTINUATION SHEET
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INSTRUCTIONS FOR COMPLETION OF TRANSFER RATE
SAMPLE STUDY COUNTY MEDICAL CARE REVOLVING FUND
FORM TEMP 402

Purpose of Report

To comply with the requirements of W&IC Sections 2020.003 and 3084.05 to sample the caseload to reflect the amount of grant which would have been paid to recipients of the OAS and ANB programs for medical care if such care had been financed by payments to recipients. The data will be used to determine the rate of payment to County Medical Care Revolving Funds.

General Instructions for Completion of Form Temp 402

Form Temp 402 shall be completed on OAS and ANB cases receiving aid and on "zero grant" cases in July 1960 with state case number endings 22 and 88 in OAS and state case number endings 1 and 9 in ANB. These are Medical Care Permanent Sample cases (Dept. Bull. #576).

The forms shall be sent to Research and Statistics, State Department of Social Welfare, 722 Capitol Avenue, Sacramento 14, to arrive between January 1 and January 15, 1961. It is necessary to allow approximately five months to elapse between the month of service and the date the schedules are due so that all bills for medical care given in July 1960 will have been received.

Form Temp 402 is a line schedule on which room is provided to enter data for 18 recipients. For each sheet used, complete the identifying information requested in the upper right hand corner of the form. At the bottom of each sheet, on the "Total" line, enter the sum of each column. Use separate sheets for each type of aid; i.e., do not report OAS and ANB recipients on the same sheet.

Specific Instructions for Completion of Form Temp 402

Column 1. State Case Number: Enter the state case number.

Column 2. Medical Care Received in July 1960 from Medical Care Funds: Enter the total amount of medical care received in July 1960 which has been paid or authorized to be paid from Medical Care Funds. (These will be services received in July 1960 regardless of when the bills were paid.) If the recipient did not receive such medical care in July, enter "0" and do not complete the balance of the items. If the recipient did receive such medical care, complete all items.

Column 3. Total Grant Paid for July 1960 Including All Supplemental Payments:
Enter the total amount of assistance paid from OAS or ANB funds for July 1960. Include all supplemental authorizations for July but exclude supplemental aid from county funds.

These Regulations are designated to become effective SEP 1 1960

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Column 4. Maximum Grant Payable to Recipients:

Old Age Security Recipients:

Enter the maximum amount of grant which could be paid to the recipient based upon his income. For example, for a recipient with no income the maximum possible grant payment is \$115; for a recipient with \$10 income the maximum grant payment is \$105.

Aid to Needy Blind Recipients:

For recipients with no income or nonexempt income of \$11 or less enter the grant paid the recipient for July; i.e., the amount entered in Column 3. For recipients with nonexempt income in excess of \$11 enter \$104.

Column 5. Amount Still Available from Grant for July 1960:

Enter the amount still available for payment from the grant for the month of July 1960; i.e., the difference between the total amount already paid for July and the maximum which could be paid based upon the recipient's income. (Subtract the entry in Column 3 from the entry in Column 4 and enter the result in Column 5.)

Column 6. Basis for Transfer: Enter in Column 6 the lesser of the two amounts shown in Columns 2 and 5.

On a statewide basis the sum of these amounts, divided by the total cases in the sample, will represent the rate of transfer to the county Medical Care Revolving Funds.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective SEP 1 '60

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULAT
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(Pursuant to Government Code Section 11380.1)

Page ____ of ____ Pages

County _____

Transfer Rate Sample Study
County Medical Care Revolving Funds
July 1960
OAS and ANB

Check Type of Aid:
☐ or ☐
OAS ANB

State Case Number (1)	Medical Care Received in July 1960 from Medical Care Funds (2)	Total Grant Paid for July 1960 (3)	Maximum Grant Payable to Recipient (4)	Amount Still Available from Grant for July 1960 (5)	Basis for Transfer (6)
	(If no such medical care received, enter "0" and do not com- plete the remaining items.)	(Include all supplemental payments)	(Depends on income received- see instructions)	(4) minus (3)	(Enter (2) or (5), which- ever is smaller)
1.	\$	\$	\$	\$	\$
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
Total	\$	\$	\$	\$	\$

DO NOT WRITE IN THIS SPACE

Signature _____

Form Temp 402, Revised July 1960

Date _____

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

J. M. WEDEMEYER
Director

EDMUND G. BROWN
Governor

State of California
DEPARTMENT OF SOCIAL WELFARE

722 Capitol Avenue
Sacramento 14

July 26, 1960

DEPARTMENT BULLETIN NO. 588(STAT)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS

Subject: Survey of Distribution of
Payments, September 1960

In order to complete a report required by the Department of Health, Education, and Welfare, the department needs selected information on payments to recipients of Old Age Security, Aid to Needy Blind, Aid to Needy Disabled, and Aid to Needy Children (family groups) during September 1960.

All counties shall transmit the required data in accord with one of the following two alternatives:

1. A copy of all September payrolls and contra rolls (main payroll, supplemental payrolls for current and prior months, cancellations for current and prior months, and repayments).
2. A report on sample cases from all payrolls and contra rolls on Forms Temp 398 ABD, and Temp 397 CA prepared in accordance with Instructions for Reporting in the Distribution of Payments Survey.

All counties shall transmit data from the September main payroll as soon as possible after the main payroll has been written but in no case later than September 12, 1960. The additional data, from supplemental payrolls and contra rolls (including October payments to public medical institutions for the care of OAS, ANB, or ATD recipients in September), shall be sent in one shipment in time to reach Sacramento by October 17, 1960.

Requested data shall be sent to the Bureau of Statistical Reports, 722 Capitol Avenue, Sacramento 14, California.

The APSB and ANC-BHI programs are excluded from this survey.

This bulletin shall cease to be effective on December 31, 1960.

Attachment

These Regulations are designated to become effective SEP 1 60

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

State of California

Department of Social Welfare

INSTRUCTIONS FOR REPORTING IN THE DISTRIBUTION
OF PAYMENTS SURVEY, SEPTEMBER 1960

I. General Instructions

A. Timing of Reports

Data from the main payroll shall be reported as soon as possible after the warrants are written for the month of September 1960, but in no case later than September 12.

Data from all supplemental payrolls and contra rolls shall be reported as soon as all transactions for the month of September have been written. These additional data shall be sent to reach Sacramento by October 17, 1960.

B. Where to Send Reports

Forward all reports to the Bureau of Statistical Reports,
722 Capitol Avenue, Sacramento 14.

C. Method of Reporting

Counties may select the one of the two reporting methods listed below which fits most readily into their regular procedures:

1. Forward a fully-legible copy of each payroll and contra roll (main payroll, supplementals for current and prior months, cancellations of warrants for current and prior months, and repayments) for each program.
2. Forward reports for sample cases on Form Temp 398 ABD and Form Temp 397 CA.

Counties shall inform the Bureau of Statistical Reports by August 1 which method they elect to use. Instructions for each method of reporting appear below:

D. Instructions for Sampling - (For counties electing to report under alternative 2)

The desired samples, and the state-number endings to be used in their selection, are as follows:

<u>Program</u>	<u>Sample Size</u>	<u>State-Number Endings</u>
Old Age Security	1.5%	22, 044, 244, 444, 644, 844
Aid to Needy Blind	25.0	3, 5, 07, 27, 47, 67, 87
Aid to Disabled	40.0	1, 3, 5, 7
Aid to Needy Children-FG	8.0	00, 11, 22, 33, 44, 55, 66, 77

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
**FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

In the ANC-FG program the unit of count for this study is the Family Budget Unit. If there is more than one family budget unit in a case (i.e., having the same state number) report each such family budget unit separately, as though it were a case.

E. Recipients in Institutions

In the aged, blind, and disabled programs payments to institutions for September care of recipients must be reported, even though payment is not made until October.

II. Specific Instructions for Reporting

A. If the County Elects to Send a Copy of the Payroll

Immediately after the main payroll warrants for September are written, the county which elects this method of reporting, shall forward a fully-legible copy of its main payroll to Sacramento. As supplemental payrolls and contra rolls are written, copies shall be held and forwarded to this office in a single shipment.

B. If the County Elects to Report on Forms Temp 398 ABD and Temp 397 CA.

1. Instructions for Completing Form Temp 398 ABD.

Immediately after each part of the OAS, ANB, or ATD payrolls or contra rolls is written for the month of September, the county shall make entries on Form Temp 398 ABD for cases with sample state-number endings as follows:

Item A. Program Reported - Indicate by check mark which program is being reported on this form. Do not report more than one program on one sheet.

Item B. Part of Roll Reported - Indicate by check mark which part of the payroll is being reported on. Do not report different parts of the payroll or contra roll on the same sheet. In other words, this item must have only one check mark.

Item C. Case Detail From Payroll - Enter from the payroll the detail for the individual sample cases.

Column 1. State Number: Enter the state number of the selected sample case.

Column 2. Surname: Enter the recipient's surname.

Column 3. Initial: Enter the recipient's initial.

Column 4. Amount: Enter the amount of the transaction as shown on the payroll or contra roll being reported.

Column 5. Applicable Month and Year: Make entries only if Item B has been checked 3, 5, or 6. This column is intended to identify the month and year to which a prior-month supplemental, a prior-month cancellation, or a repayment applies.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)

2. Instructions for Completing Form Temp 397 CA.

Immediately after each part of the ANC-FG (exclude ANC-BHI) payroll or contra roll is written for the month of September, the county shall identify the cases with sample state-number endings on the main payroll and make entries as follows:

Item A. Part of Roll Reported - Indicate by check mark which part of the payroll is being reported on. Do not report different parts of the payroll on the same sheet. In other words, this item must have only one check mark.

Item B. Case Detail from Payroll - Enter from the payroll the detail for the individual sample cases. If there is more than one family budget unit in a case (i.e., having the same case number), report such family budget unit separately, as though it were a case.

Column 1. State Number: Enter the state number of the selected sample case.

Column 2. Case Name: Enter the surname by which the case is known to the agency.

Columns 3 - 7. Persons

Note: The numbers to be reported in columns 3, 4 and 6 are those which appear in the particular part of the payroll being reported on. When no number appears on the payroll enter a "0."

Column 3. Number of Eligible Children: Enter the number of children in the family budget unit who are eligible for federal participation in the grant.

Column 4. Number of Ineligible Children: Enter the number of children in the family budget unit who are not eligible for federal participation in the grant, but are eligible for state assistance.

Column 5. Total Children: Enter the sum of Columns 3 and 4.

Column 6. Adults: If the payroll indicates that an eligible relative is included in the family budget unit (i.e., whose needs are considered when the amount of the grant is being determined) enter a "1." Otherwise enter a "0."

Column 7. Total Persons: Enter the sum of the entries in Columns 5 and 6.

Columns 8 - 9. Fiscal Data

Column 8. Amount: Enter the amount of the money reported in the payroll for this transaction; e.g., if Item A is checked "1," the entry in Column 8 will be the initial grant to the family for the current month; if Item A is checked "2," the entry in Column 8 will be a supplemental grant for the current month; if Item A is checked "5," the entry in Column 8 will represent the amount of the canceled warrant.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)

Column 9. Applicable Month and Year: Entries in this column are required only if Item A is checked 3, 5, or 6. Enter the month and the year to which the action applies; e.g., if the transaction is a prior month supplemental, enter the month and year for which supplementation is being paid.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective SEP 1 1960

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

State of California
Department of Social Welfare

Bureau of Statistical Reports
722 Capitol Avenue, Sacramento

Survey of Distribution of Payments, September 1960
Old Age Security, Aid to Needy Blind or Aid to Needy Disabled

A. Program Reported (check only one)

- Old Age Security. ☐ (1)
- Aid to Needy Blind. ☐ (2)
- Aid to Needy Disabled ☐ (6)

B. Part of Roll Reported (check only one)

- Main payroll. ☐ (1)
- Current month supplemental. . . ☐ (2)
- Prior month supplemental. . . . ☐ (3)
- Current month cancellation. . . ☐ (4)
- Prior month cancellation. . . . ☐ (5)
- Repayment ☐ (6)

C. Case Detail from Payroll:

Recipient			Payroll data	
State number	Surname	Initial	Amount	Applicable month & year (if a prior mo. transaction)
(1)	(2)	(3)	(4)	(5)
1.			\$	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

DO NOT WRITE IN THIS SPACE

Signature of person reporting _____ Date _____

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

State of California
Department of Social Welfare

Bureau of Statistical Reports
722 Capitol Avenue, Sacramento

Survey of Distribution of Payments, September 1960
Aid to Needy Children Families

A. Part of Roll Reported (check only one):

Main Payroll. ☐ (1)
Current month supplemental. ☐ (2)
Prior month supplemental. . ☐ (3)

Current month cancellation. . . . ☐ (4)
Prior month cancellation. ☐ (5)
Repayment ☐ (6)

B. Case Detail from Payroll:

Family		Persons					Fiscal data	
		Number of children			Adults	Total persons	Amount	Applicable month & year (if prior)
State number (1)	Case name (2)	Elig. (3)	Inel.* (4)	Total (5)				
1.							\$	
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								

* Ineligible for federal, but eligible for state aid.

Signature of person reporting _____ Date _____

Form Temp 397 CA, Revised September 1960

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

J. M. WEDEMAYER
Director

EDMUND G. BROWN
Governor

State of California
DEPARTMENT OF SOCIAL WELFARE

722 Capitol Avenue
Sacramento 14

July 27, 1960

DEPARTMENT BULLETIN NO. 589 (STAT)

TO: COUNTY WELFARE DEPARTMENTS

Subject: Survey of Recipients of
Aid to Needy Blind, June 1960

At each legislative session the State Department of Social Welfare is required to provide analyses on many legislative proposals. These analyses are based largely on data provided by county welfare departments through special studies of caseload characteristics. For Aid to Needy Blind, the last such study was made in 1954.

To provide up-to-date information on the needs, income and responsible relatives of ANB recipients, the department is conducting a sample (approximately 20 percent) study of the ANB caseload as of June 1960. Although the study is primarily to provide data for the 1961 legislative session, the results will be useful to all persons and agencies concerned with the ANB program.

Schedules (Form Temp 404 BL) shall be completed on all cases with state numbers ending 1 and 9 active in June 1960 in accordance with "Instructions for Form Temp 404 BL, Survey of Recipients of Aid to Needy Blind, June 1960."

The prescribed sample is intended to produce a statewide picture of the ANB caseload. The department will supply additional schedules, on request, to counties wishing to make similar analyses of their own caseloads. Questions regarding size of sample for this purpose should be directed to the Area Research Analysts.

Completed schedules shall be transmitted to reach the State Department of Social Welfare, 722 Capitol Avenue, by September 15, 1960.

A supply of schedules and instructions will be forwarded to each county.

This bulletin shall cease to be effective after September 30, 1960.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective SEP 1 1960

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

State of California

Department of Social Welfare

SURVEY OF RECIPIENTS OF AID TO NEEDY BLIND
FORM TEMP 404 BL
June 1960

Purpose of Study

This study is designed to provide current social and economic data on the Aid to Needy Blind caseload for the Legislature, welfare administrators, other public officials, and the public. The last such caseload study was conducted in 1954, and the results published in Research Series Report No. 7.

Source and Date of Data

The case record and related documents will be the source of data. Data are to be reported for June 1960, as known in August 1960.

Cases to be Included in Study

Complete Form Temp 404 BL for all cases eligible for ANB in June 1960 whose state number ends in 1 or 9. (This represents a sample of approximately 20 percent of the caseload.)

Submission of Schedules

Send completed schedules, with transmittal list, to Research and Statistics, State Department of Social Welfare, 722 Capitol Avenue, Sacramento 14, California, so as to arrive by September 15, 1960.

General Instructions

- a. In general, data should reflect the situation of the recipient as of June 1960. Whenever later information modifies the original determination for June, use the latest information available.
- b. Report the full amounts of special needs for each recipient. For recipients with more than \$11 of nonexempt income this will be the full amount of special needs that are allowable, even though the income of the recipient is inadequate to meet full need. For recipients with no income or income of \$11 or less, this will be the full amount of special needs that would be allowable if the recipient had income of more than \$11.
- c. Complete all items on the schedule. If an item is not applicable, enter a dash. If the information is not known, write in "unk" unless a check box is provided.

INSTRUCTIONS FOR ITEMS

Item 1. County - Enter the name of the county.

Item 2. State Number - Enter the state number used to identify the case.

Item 3. Case Name - Enter the recipient's name.

Form Temp 404 BL

These Regulations are designated to become effective SEP 1 1960

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CONTINUATION SHEET
2 FILING ADMINISTRATIVE REGULAT
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(Pursuant to Government Code Section 11380.1)

Item 4. Date of Reinvestigation or Approval - Enter date of the latest re-investigation or date of approval (if the case has not been reinvestigated).

Item 5. Status of Case - Check the appropriate box that denotes the recipient's grant status for June as known in August.

Code 1. Medical Care Only - Check Code 1 if recipient is a "medical care only recipient" in June, i.e., his outside income was sufficient to meet his total nonmedical and/or nursing home needs but is insufficient to meet his total need including medical needs (other than nursing home).

Code 2. Zero Grant - Check Code 2 if recipient's grant for June was reduced to "zero" to adjust for a prior month's overpayment.

Code 3. Vendor Payment to PMI - Check Code 3 if recipient was a patient in a public medical institution in June and part or all of the grant was retained for payment to the institution.

Code 4. Regular - Check Code 4 if none of the above classifications apply.

Item 6. Sex - Check the box that indicates the sex of the recipient.

Item 7. Ancestry - Check the first box that indicates the ancestry of the recipient. If not definitely known, use the community's appraisal of his ancestry.

Code 1. Mexican - Check if of Mexican descent (including Mexican-Indian).

Code 2. Indian - Check if (a) enrolled on an Indian agency or reservation roll, or if (b) regarded as Indian in the community.

Code 3. Negro - Check if the recipient is Negro or if of mixed ancestry and regarded as Negro in the community.

Other - If recipient is not Indian, Mexican or Negro, as specified above, check one of the following codes:

Code 4. White - Check if the recipient is white.

Code 5. Non-white - Check if ancestry of the recipient is known but is not one of those listed above.

Item 8. Year of Birth - Enter the year in which the recipient was born.

Item 9. Years of Residence in California - Enter the total number of years recipient has lived in California.

Item 10. Marital Status - Check the box that indicates the marital status of the recipient. Check "Divorced," Code 3, if an interlocutory divorce decree is in effect, the final divorce decree has been granted, or if the marriage has been annulled. Check "Separated," Code 4, if the recipient is separated from his spouse because of estrangement; include legal separation.

CONTINUATION SHEET
**2 FILING ADMINISTRATIVE REGULATIONS
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 (Pursuant to Government Code Section 11380.1)

If recipient is married (and not estranged from spouse), check the box that indicates the public assistance status of the spouse. If spouse is also an ANB recipient, enter spouse's state number.

Item 11. Living Arrangement - This item is structured to obtain detailed information on living arrangements of recipients within the two main categories (1) "out-of-home" and (2) "independent." For purposes of this item consider a recipient in an out-of-home living arrangement if he is receiving care in an establishment or facility organized to provide care to numbers of persons, e.g., nursing homes and hospitals. A recipient living in a hotel catering to aged persons would not come under this definition since no care is provided. (See Code 31, 41, 51, 61, 71 or 81).

Although receiving care is essential to the classification "out-of-home" not all persons receiving care will be included here. If a recipient has a board and care arrangement with a friend or relative in the home of one of them he would be considered as living in an independent living arrangement, specifically Code 20.

In the "out-of-home" category, code the type of establishment, not the condition of the recipient. For example, a recipient aged 50 years living in a boarding home for aged persons should be classified according to this living arrangement, Code 01, even though he himself is not yet 65.

Establishments with which the county has a contract to provide care to recipients should be coded to show the type of establishment, e.g., a recipient living in a private nursing home should be coded 05 whether or not the county has a contract with the home.

a. "Out-of-Home" Establishments

For Aged Persons

Code 01. Boarding Home - Boarding homes are small homes offering service to aged persons similar to that given by a family to an aged parent or relative. They are licensed by accredited agencies of the SDSW (usually county welfare departments).

Code 02. Institution - Institutions for aged persons are licensed by the SDSW. They are usually larger than boarding homes, or are operated by an organization rather than by a person or couple, or are otherwise "institutional" in character. Operation under the same management of several units at different locations or operation by a person also holding a license from the SDPH or SDMH are considered as making an establishment "institutional in character."

For Persons Mentally Ill or Mentally Incompetent

Code 03. Family Care Home - These are small homes similar to boarding homes for aged persons, certified by the Department of Mental Hygiene and usually care for persons on parole from a public mental hospital.

CONTINUATION SHEET
**FILING ADMINISTRATIVE REGULATIONS
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 (Pursuant to Government Code Section 11380.1)

Code 04. Other - Include here all recipients in private establishments for the mentally ill or mentally incompetent if the establishment is not a Code 03, i.e., a family care home.

For Persons Physically Ill or Incapacitated

Code 05. Private Nursing or Convalescent Home - Check here if recipient is living in a private nursing or convalescent home licensed by the State Department of Public Health.

Code 06. County Hospital - Check here if the recipient is in a county hospital. Do not include here facilities such as boarding homes and nursing homes with which the county has a contract.

Code 07. Other Hospital - Check here if the recipient is in a public or private hospital, other than a county hospital.

Code 08. Rehabilitation Center - Check here if the recipient is in a rehabilitation center such as the May T. Morrison Rehabilitation Center, The California Rehabilitation Center, or the Rehabilitation Center in Rancho Los Amigos.

Code 09. Other - Check here if the recipient is in an establishment for persons physically ill or incapacitated other than those listed under Codes 03 through 08. Specify.

Code 10. Establishment not Elsewhere Classified - Check here if recipient is in a type of establishment other than those listed above. Specify.

b. Independent Living Arrangement (Check all applicable items)

Code 20. Board and Care Arrangement - Check this code if recipient has an arrangement with a relative or friend to provide board and care in his own home or in the home of the friend or relative. This item is applicable only if the home in which they are living is a private residence and no license to provide care is involved.

Codes 31, 41, 51, 61, 71 and 81. In Hotel, Rooming House, etc. For recipients living in a hotel or rooming house, etc. check the code(s) indicating with whom the recipient is living, or check Code 31 if he is living alone.

Codes 32, 42, 52, 62, 72, and 82. In Private Residence - For recipients living in a private residence (including houses, apartments, trailers, etc.) check the code(s) indicating with whom the recipient is living, or check Code 32 if he is living alone.

CONTINUATION SHEET
2 FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)

Item 12. Total Length of Time Recipient Received Public Assistance - The purpose of this item is to indicate approximately the total time the recipient received any kind of public assistance in California. Enter the approximate number of years recipient has received each type of assistance (a check box is provided to indicate if recipient has received ANB for less than one year). Consider a recipient in receipt of aid during temporary discontinuances of less than three months.

Item 13. Persons in Household (including recipient) - Enter the total number of persons in the household (including the recipient) for all recipients in independent living arrangements. Check "Not Applicable," Code 0, if recipient is in an out-of-home establishment, i.e., is coded 01-10 in Item 11. For a recipient living in a hotel, etc., the entry would be "1" on line 1 unless he is sharing his room with others.

On line 2, enter the number of persons in the household (including the recipient) who are receiving public assistance, i.e., OAS, ANB, ANC, APSB, GR, ATD.

Item 14. Educational Background

A. Circle the number which indicates the highest grade or year of formal education that the recipient has completed.

B. Check the first box that indicates whether recipient has received any type of vocational training. Thus, check only Code 1 for a recipient currently receiving vocational training, even if he previously received training.

Item 15. Employment - Check the first applicable box which indicates recipient's employment status. Do not report casual or inconsequential employment.

Item 16. Personal Property - In Section A, check the types of personal property owned by the recipient, either separately or as his share of community property, on which a net monetary value has been placed in determining eligibility.

In Section B, enter the net amount of personal property considered in determining eligibility, i.e., the sum of the net value of items checked in Section A. Include only the recipient's share.

Item 17. Real Property - In Section A, check the types of real property owned, or partially owned, by the recipient (and his spouse) which are considered in determining eligibility. Consider as a home any place of abode including trailers and houseboats. When a recipient is holding the proceeds from the sale of real property to purchase a home for his occupancy, check Code 2, Personal Property Proceeds Retained for Home Purchase. Such property should be evaluated as real property having the same assessed value as the property sold. (Section B below)

Form Temp 404 BL

SEP 1 1960

These Regulations are designated to become effective.....

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
2 FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)

In Section B, enter the value of the real property checked in Section A. On Line 1, enter assessed value, if available; otherwise, enter one-half of the market value. On Line 2, enter encumbrances of record against the property. Enter the difference between "assessed" and "encumbrances" on Line 3, the "net assessed value."

Item 18. Sources and Amounts of Income Considered in Determining Grant - Enter the amount of income considered in determining the grant for June, do not include exempt earnings - these should be reported in Item 19.

In reporting OASDI, enter only the amount received in the recipient's name and retained by him to meet his needs. Any portion allocated to his spouse is to be entered in Item 19 below. If, on the other hand, OASDI is being allocated to the recipient by his spouse, this should be reported as a "contribution from spouse," on Line 10 below.

Indicate by checking the appropriate box whether the benefit being received is Old Age and Survivor's Insurance or Disability Insurance. OASI benefits are paid to retired workers and their dependents and the survivors of retired or disabled workers. Disability Insurance (DI) benefits are paid on the basis of disability to workers aged 50-64 and their dependents.

Net income from rental of real property in which recipient has an ownership interest is to be reported as "net income-real property," Code 05.

Income from roomers and boarders should be considered as earnings if such returns result from an appreciable and continuous effort on the part of the recipient. These should be reported in this item only if considered in determining grant for June. If exempt, report in Item 19.

Item 19. Income Not Considered in Determining Grant - This item provides information on nonexempt earnings of recipient and any income allocated to his spouse. On Line 1, enter the amount of earnings which are exempt in determining the grant, i.e., earnings of \$50 or less.

On Lines 2 and 3, enter OASDI and other income respectively, which is allocated to the spouse by the recipient.

Item 20. Special Budget Situations - Report all special needs for recipients in special budget situations (recipients with special need for board and personal care, for nursing care, or for care in a public medical institution when part or all of the grant is retained for payment to the institution). Report special needs for recipients with no income or income of \$11 or less as if they were allowable, i.e., as if their nonexempt income was more than \$11. Enter the following information:

Form Temp 404 BL

CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULAT
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Col. 1. Total Charge - The charge made by establishments for support and care of recipient.

Col. 2. Amount of Charge Allowed - The amount of the charge that is allowed in computing the recipient's grant. This may be equal to or less than the total charge.

Col. 3. Other Basic Need - Enter the amount of basic need which is in addition to the amount included in the amount allowed for support and care. This is the amount allowed for basic needs of the recipient which are not provided by the establishment.

Col. 4. Other Special Need Allowance - Enter the amount of any other special need that is allowed (not including that already considered in Column 2), i.e., special need for eyeglasses, dentures, sickroom equipment, etc. Also report these needs in Items 21 and 22.

Col. 5. Total Need - Enter the amount of total need considered in computing the grant. This should be the same as the sum of Columns 2 through 4.

Item 21. Type and Amount of Medical Special Needs - Report all special needs for all recipients. (Medical needs paid from the Medical Care Fund are not considered special needs.) Report needs for recipients with no income or income of \$11 or less as if their needs were allowable, i.e., their nonexempt income was more than \$11.

Report the cost to the recipient or the maximum allowance, whichever is less. For example, if prepaid medical care costs \$6.50, \$6 will be entered on line 08 because that is the maximum allowance.

Item 22. Type and Amount of Nonmedical Special Needs Regardless of Income - Report all special needs for all recipients. Report special needs for recipients with no income or income of \$11 or less as if they were allowable, i.e., their nonexempt income was more than \$11.

When the special need is for a basic need item, enter only the amount of need in excess of the basic allowance. For example, if a recipient's monthly cost for food is \$60 because he eats his meals in a restaurant, the proper entry would be \$27 (total cost allowed, \$60 minus the basic food allowance of \$33).

For recipients with special need for board and room, enter the community rate minus \$68.50.

When the special need has a maximum allowance, report the cost to the recipient or the maximum allowance, whichever is less. For example, if the cost of a telephone to the recipient is \$3.50, this amount should be reported. If the cost were \$5, the maximum allowance of \$4 would be reported.

Form Temp 404 BL

CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Item 23. Financial Summary

Line 1-5. For state use.

Complete the following items for the month of June as known in August 1960.

Line 6. Nonexempt Income - Enter total nonexempt income from Item 18, Line 16.

Line 7. Assistance to Which Eligible - Enter the amount of assistance to which the recipient was eligible for June as known in August. (Line K on Form BL 158)

Line 8. Overpayment Adjustment - Enter the amount of any previous month's overpayment that was adjusted in June.

Line 9. Grant Including All Supplemental Warrants - Enter the amount of grant paid for the month of June as known at the time of completion of the schedule. Include all supplemental warrants issued for June. Do not include county supplementation.

Line 10. County Supplementation - Enter the amount of county supplementation, if any. Enter a dash (--) if not applicable.

Item 24. Responsible Relatives - List parents, spouse and adult children of recipient, whether living in California or elsewhere. If recipient has no responsible relatives, enter "none." For relatives living outside of California complete only Columns 1 and 2 and 11 through 13. If the "out-of-state" relative is not contributing to the recipient, enter dashes in Columns 11-13.

Col. 1. Relationship to Recipient - Enter the code shown on the bottom of the schedule to indicate the relationship of the relative to the recipient.

Col. 2. Residence - Enter the code shown on the bottom of the schedule to indicate place of residence of the relative.

Col. 3. Marital Status - Enter the code shown on the bottom of the schedule to indicate marital status of the relative.

Col. 4. Source of Income - Enter the code or codes shown on the bottom of the schedule to indicate the source(s) of the relative's income. If the relative has earnings and is self-employed, enter Code 1; if employed by others, enter Code 2. Do not consider income from dividends or pensions, etc., as earnings; report this as "other source" of income, Code 3.

Col. 5. Gross Income - Enter the amount of the relative's reported gross income. This is the total amount of the relative's income before any deductions are made. (See definitions 1-3 on Form BL 225.) If the income is solely from salary or wages

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Form Temp 404 BL

SEP 1 1960

CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

and he is not claiming travel or unusual expenses, the source for this item is Line 1 in Section A of Form BL 225. In all other cases it is the sum of the entries in Section G on Line 1, and those following "Gross Income Per Month," also in Section G of Form BL 225.

Column 6. Net Income - Enter the amount of the relative's net income. This is the amount of gross income minus allowable expenses (allowable travel expenses and expenses of income from real or personal property or self-employment). See definition 7 on Form BL 225. Net income will be the same as gross income if relative has no allowable expenses. In all situations the source for this item is Line 1 in Section A of Form BL 225.

Column 7. Adjusted Net Income - Enter the amount of the relative's adjusted net income. This is the amount of net income less 20 percent allowed in lieu of income tax deductions, personal social security contributions or personal employment insurance taxes. It is the amount of income to which the relative's contribution scale is applied. The source for this item is Section A, Line 3, of Form BL 225.

Column 8. Number of Dependents - Enter the number of persons dependent on the income of relative, including the relative but not the recipient. This information is provided in Section B of Form BL 225.

Column 9. Scale Liability - Enter the amount of the relative's liability as determined by application of the "relative's contribution scale" to his adjusted net income (Column 7) and number of dependents (Column 8).

Column 10. Fixed Liability - Enter the amount of the relative's liability as fixed by the Board of Supervisors or its authorized representative. This may be equal to or less than the Scale Liability shown in Column 9.

Column 11. Amount of Contribution - Enter the amount of the relative's contribution as it is valued in meeting his liability. This may be greater than the entry in Column 12, Value of Contribution to Recipient, if at least part of the relative's contribution is in kind. For example, a contribution of free rent could in some circumstances have a value of \$50 in meeting the relative's obligation and a value of only \$15 income to the recipient.

Column 12. Value of Contribution to Recipient - Enter the amount of the relative's contribution as it is valued as income to the recipient. This amount will be equal to the amount shown in Column 11 if the contribution is entirely in cash; it may be less than the amount shown in Column 11 when the relative's contribution is in kind.

Column 13. Indicate whether the relative's contribution is in cash or kind or a combination of these by entering the applicable "Nature of Contribution" code. If no contribution is made, enter "0".

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STATE OF CALIFORNIA

SURVEY OF RECIPIENTS OF AID TO NEEDY BLIND

JUNE 1960

PLEASE REFER TO INSTRUCTIONS WHEN COMPLETING SCHEDULE.

5. STATUS OF CASE (CHECK ONE):

- MEDICAL CARE ONLY ☐ 1
 ZERO GRANT ☐ 2
 VENDOR PAYMENT TO PMI ☐ 3
 REGULAR ☐ 4

RECIPIENT CHARACTERISTICS

6. SEX: MALE ☐ 1
 FEMALE ☐ 2

7. ANCESTRY (CHECK FIRST APPLICABLE):

- MEXICAN ☐ 1
 INDIAN ☐ 2
 NEGRO ☐ 3
 OTHERS:
 WHITE ☐ 4
 NON-WHITE ☐ 5

8. YEAR OF BIRTH: _____

9. YEARS OF RESIDENCE IN CALIF: _____

10. MARITAL STATUS (CHECK ONE):

- NEVER MARRIED ☐ 1
 WIDOWED ☐ 2
 DIVORCED ☐ 3
 SEPARATED (ESTRANGED) ☐ 4
 MARRIED AND SPOUSE IS:
 NOT RECEIVING PUBLIC ASSISTANCE ☐ 5

10. (CONTINUED)

RECEIVING:

- APSB ☐ 6
 ANB ☐ 7
 ENTER STATE NO. _____
 OAS ☐ 8
 OTHER PUBLIC ASSISTANCE ☐ 9

11. LIVING ARRANGEMENTS
(ANSWER EITHER A OR B)

A. "OUT-OF-HOME" ESTABLISHMENTS

FOR AGED PERSONS

- BOARDING HOME ☐ 01
 INSTITUTION ☐ 02

FOR PERSONS MENTALLY ILL OR
MENTALLY INCOMPETENT

- FAMILY CARE HOME ☐ 03
 OTHER ☐ 04

FOR PERSONS PHYSICALLY ILL OR
INCAPACITATED

- PRIVATE NURSING OR
CONVALESCENT HOME ☐ 05
 COUNTY HOSPITAL ☐ 06
 OTHER HOSPITAL ☐ 07
 REHABILITATION CENTER ☐ 08
 OTHER (SPECIFY _____) ☐ 09

NOT ELSEWHERE CLASSIFIED ☐ 10

(SPECIFY _____)

11. (CONTINUED)

B. INDEPENDENT LIVING ARRANGEMENT
(CHECK ALL APPLICABLE ITEMS)

- BOARD AND CARE ARRANGEMENT ☐ 20
 IN HOTEL, ROOMING HOUSE, ETC. ☐ 31
 IN PRIVATE RESIDENCE ☐ 32

LIVES WITH:

- SPOUSE ☐ 41 ☐ 42
 ADULT CHILD(REN) ☐ 51 ☐ 52
 PARENT(S) ☐ 61 ☐ 62
 OTHER RELATIVES ☐ 71 ☐ 72
 UNRELATED PERSONS ☐ 81 ☐ 82

12. TOTAL LENGTH OF TIME RECIPIENT RECEIVED
PUBLIC ASSISTANCE:

- ANB:
 LESS THAN 1 YEAR (CHECK) ☐ 0
 ONE YEAR OR MORE _____ 1
 YEARS
 APSB _____ 2
 YEARS
 OAS _____ 3
 YEARS
 OTHER PUBLIC ASSISTANCE _____ 4
 YEARS

13. PERSONS IN HOUSEHOLD (INCLUDING RECIPIENT):

- NOT APPLICABLE - ITEM 11A
"OUT-OF-HOME" IS CHECKED ☐ 0
 TOTAL _____ 1
 TOTAL RECEIVING
PUBLIC ASSISTANCE _____ 2

DEPARTMENT OF SOCIAL WELFARE

IDENTIFICATION

1. COUNTY _____
 2. STATE NUMBER _____
 3. CASE NAME _____
 4. DATE OF REINVESTIGATION OR APPROVAL _____

14. EDUCATIONAL BACKGROUND:

A. CIRCLE THE HIGHEST GRADE OR YEAR
COMPLETED:

- GRADE SCHOOL -
 1 2 3 4 5 6 7 8
 HIGH SCHOOL - 9 10 11 12
 COLLEGE OR UNIVERSITY -
 13 14 15 16 16+

B. VOCATIONAL TRAINING
(CHECK FIRST APPLICABLE)

- NEVER RECEIVED TRAINING ☐ 0
 CURRENTLY RECEIVING TRAINING ☐ 1
 PREVIOUSLY RECEIVED TRAINING:
 TRAINING WAS COMPLETED ☐ 2
 TRAINING WAS NOT COMPLETED ☐ 3

15. EMPLOYMENT (CHECK FIRST APPLICABLE ITEM):

- NEVER EMPLOYED ☐ 0
 NOW EMPLOYED ☐ 1
 NOT CURRENTLY EMPLOYED BUT:
 EMPLOYED WITHIN
LAST 5 YEARS ☐ 2
 EMPLOYED MORE THAN
5 YEARS AGO ☐ 3

RECIPIENT'S RESOURCES

16. PERSONAL PROPERTY:

A. TYPE (CHECK ALL APPLICABLE):

- NONE ☐ 1
 LIFE INSURANCE ☐ 2
 CASH SECURITIES, SAVINGS, ETC. ☐ 3
 BURIAL TRUSTS, INTERMENT
PLOTS, ETC. ☐ 4
 MOTOR VEHICLES ☐ 5
 OTHER ☐ 6

B. AMOUNT OF PERSONAL PROPERTY:
(ENTER NET VALUE)

\$ _____

17. REAL PROPERTY:

A. TYPE (CHECK ALL APPLICABLE):

- NO REAL PROPERTY ☐ 0
 NONE ☐ 1
 PROPERTY SALE PROCEEDS
RETAINED FOR HOME PURCHASE ☐ 2
 OTHER REAL PROPERTY ☐ 4

B. VALUE OF REAL PROPERTY:

TOTAL ASSESSED VALUE \$ _____ 1

TOTAL ENCUMBRANCES \$ _____ 2

NET ASSESSED VALUE \$ _____ 3

DO NOT WRITE IN THIS SPACE

18. SOURCES AND AMOUNTS OF INCOME CONSIDERED IN DETERMINING GRANTS

NO INCOME ☐ 00

OASDI (SOCIAL SECURITY): \$ _____ 01

OASI ☐ 02

DI ☐ 03

UNKNOWN ☐ 04

NET INCOME - REAL PROPERTY \$ _____ 05

PENSION OR ANNUITY \$ _____ 06

USE AND OCCUPANCY \$ _____ 07

NON-EXEMPT EARNINGS OF RECIPIENT \$ _____ 08

CONTRIBUTIONS FROM:

PARENT \$ _____ 09

SPOUSE \$ _____ 10

ADULT CHILDREN: \$ _____ 11

CASH \$ _____ 12

KIND \$ _____ 13

OTHER RELATIVES OR FRIENDS \$ _____ 14

OTHER \$ _____ 15

TOTAL NON-EXEMPT INCOME \$ _____ 16

19. INCOME NOT CONSIDERED IN DETERMINING GRANTS

NOT APPLICABLE ☐ 0

EXEMPT EARNINGS \$ _____ 1

OASDI ALLOCATED TO SPOUSE \$ _____ 2

OTHER INCOME ALLOCATED TO SPOUSE \$ _____ 3

20. SPECIAL BUDGET SITUATIONS: COMPLETE REQUESTED DATA FOR JUNE 1960 AS KNOWN IN AUGUST.

NOT APPLICABLE ☐ 0

	TOTAL CHARGE (1)	AMOUNT OF CHARGE ALLOWED IN BUDGET (2)	OTHER BASIC NEED ALLOWANCE (3)	OTHER SPECIAL NEED ALLOWANCE (4)	TOTAL NEED (5)
BOARD AND PERSONAL CARE	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____ 27
NURSING CARE IN BOARDING OR NURSING HOME	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____ 17
PMI (VENDOR PAYMENT TO PMI)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____ 18

COMPLETE ITEMS 21 AND 22 FOR ALL RECIPIENTS, REGARDLESS OF INCOME (I.E., REPORT NEEDS OF RECIPIENT WHETHER ALLOWABLE IN COMPUTING GRANT OR NOT).

21. TYPE AND AMOUNT OF MEDICAL SPECIAL NEED (DO NOT INCLUDE ITEMS PAID FROM MEDICAL CARE FUND)

NONE ☐ 0

DOCTOR - PRACTITIONER \$ _____ 01

DRUGS \$ _____ 02

THERAPEUTIC PREPARATIONS \$ _____ 03

FOOD SUPPLEMENTS \$ _____ 04

X-RAY THERAPY \$ _____ 05

NURSING CARE IN RECIPIENT'S HOME \$ _____ 06

PRIVATE HOSPITAL \$ _____ 07

PREPAID MEDICAL-HOSPITAL CARE \$ _____ 08

PMI (NO VENDOR PAYMENT) \$ _____ 09

PROSTHETIC APPLIANCES, SICK ROOM EQUIPMENT AND MEDICAL SUPPLIES (B.206.8) \$ _____ 10

DENTURES \$ _____ 11

OTHER DENTAL \$ _____ 12

EYEGASSES \$ _____ 13

21. (CONTINUED)

HEARING AID (INCLUDED BATTERIES) \$ _____ 14

PAYMENT ON MEDICAL DEBTS (SPECIFY _____) \$ _____ 15

OTHER \$ _____ 16

TOTAL AMOUNT ALLOWED \$ _____ 19

22. TYPE AND AMOUNT OF NON-MEDICAL SPECIAL NEEDS:

NONE ☐ 00

TELEPHONE \$ _____ 01

HOUSING AND UTILITIES \$ _____ 02

EXPENSE FOR HOME REPAIRS \$ _____ 03

LAUNDRY SERVICE \$ _____ 04

FOODS: RESTAURANT MEALS \$ _____ 05

SPECIAL DIET \$ _____ 06

HOUSEKEEPING SERVICE \$ _____ 07

BOARD AND ROOM \$ _____ 08

PAYMENTS ON DEBTS \$ _____ 09

TRANSPORTATION \$ _____ 10

22. (CONTINUED)

HOUSEHOLD EQUIPMENT \$ _____ 11

YARD CARE \$ _____ 12

OTHER (SPECIFY _____) \$ _____ 13

PERSONAL AND TRAINING NEEDS (B.204.29)

PERSONAL SERVICES:

READERS \$ _____ 14

ERRAND SERVICE \$ _____ 15

OTHER \$ _____ 16

GUIDE DOG \$ _____ 17

RADIO-PHONOGRAPH \$ _____ 18

TALKING BOOK \$ _____ 19

TYPEWRITER AND/OR BRAILLE WRITER \$ _____ 20

ARTIFICIAL EYES \$ _____ 21

SPECIAL APPLIANCES FOR THE BLIND \$ _____ 22

CLERICAL ASSISTANCE \$ _____ 23

TUITION AND OTHER SCHOOL COSTS \$ _____ 24

TRAINING AND OTHER SERVICES \$ _____ 25

OTHER (SPECIFY _____) \$ _____ 26

TOTAL AMOUNT \$ _____ 28

These Regulations are designated to become effective

SEP 1 1960

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STATE OF CALIFORNIA

23. FINANCIAL SUMMARY

FOR STATE USE		
TOTAL NEED:	\$	01
SPECIAL NEED:	\$	02
MEDICAL	\$	03
NON-MEDICAL	\$	04
BASIC NEED	\$ 115.00	05

COMPLETE THE FOLLOWING FOR JUNE 1960 AS
KNOWN IN AUGUST

NON-EXEMPT INCOME	\$	06
ASSISTANCE TO WHICH ELIGIBLE	\$	07
OVERPAYMENT ADJUSTMENT	- \$	08
GRANT INCLUDING ALL SUPPLEMENTAL WARRANTS	\$	09
COUNTY SUPPLEMENTATION	\$	10

COMPLETED BY _____

DATE _____

24. RESPONSIBLE RELATIVES

(REPORT ON PARENTS, SPOUSE AND ADULT CHILDREN WHETHER LIVING IN CALIFORNIA OR ELSEWHERE.
SEE INSTRUCTIONS ON "OUT-OF-STATE" RELATIVES. MAKE AN ENTRY FOR EACH RELATIVE IN EACH
COLUMN; USE CODES LISTED ON BOTTOM OF FORM WHERE APPLICABLE.)

DEPARTMENT OF SOCIAL WELFARE

IDENTIFICATION

1. COUNTY _____
2. STATE NUMBER _____
3. CASE NAME _____

RESPONSIBLE RELATIVES' NAMES	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
	RELATIONSHIP TO RECIPIENT (CODE)	RESIDENCE (CODE)	MARITAL STATUS (CODE)	SOURCE OF INCOME (CODE)	GROSS INCOME *	NET INCOME *	ADJUSTED NET INCOME *	NUMBER OF DEPENDENTS	SCALE LIABILITY	FIXED LIABILITY	AMOUNT OF CONTRIBUTION VALUE OF CONTRIBU- TION TO RECIPIENT	NATURE OF CONTRIBUTION	(CODE)
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													

CODES FOR COLUMN NUMBERS:

(1)	(2)	(3)	(4)	(13)
RELATIONSHIP TO RECIPIENT	RESIDENCE	MARITAL STATUS	SOURCE OF INCOME	NATURE OF CONTRIBUTION
HUSBAND 1	SAME HOME 1	MARRIED 1	NO INCOME 0	NONE 0
WIFE 2	OTHER HOME -	NEVER MARRIED 2	EARNINGS: 2	CASH ONLY 1
SON 3	IN SAME COUNTY 2	WIDOWED 3	SELF EMPLOYMENT 1	KIND ONLY 2
DAUGHTER 4	OTHER CALIF. COUNTY 3	SEPARATED 4	EMPLOYMENT BY 2	BOTH 3
PARENT 5	NOT IN CALIFORNIA 4	DIVORCED 5	OTHERS 2	
	UNKNOWN V	UNKNOWN V	OTHER SOURCE 3	
			UNKNOWN V	

* ROUND TO NEAREST DOLLAR.

FACE SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING AUG 31 1960 Division of Administrative Procedure ENDORSED APPROVED FOR FILING (GOV. CODE 11380.2) AUG 31 1960 Division of Administrative Procedure DO NOT WRITE IN THIS SPACE	Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by: State Department of Social Welfare (Agency) Dated: August 30, 1960 By: J. M. Nedemeyer Director (Title)	FILED In the office of the Secretary of State of the State of California AUG 31 1960 At 3:00 o'clock P.M. FRANK M. JORDAN, Secretary of State By: [Signature] Assistant Secretary of State DO NOT WRITE IN THIS SPACE
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AI-112 CONFORMITY TO RULES AND REGULATIONS AI-112

Applicants for license and licensees shall conform to all applicable rules and regulations of the State Department of Social Welfare.

Institutions which demonstrate substantial conformity to these rules and regulations, but which fail to conform in every detail may be licensed only when the extent of deviation from the rules and regulations is small and when it is determined that licensing of the institution is in the best interests of the aged persons involved. Renewal of a license issued on the basis of substantial conformity is contingent upon correction of deviations according to an agreed upon plan and/or continued determination that the deviations are not hazardous to aged persons.

AI-119 REVOCATION OF LICENSE AI-119

No license will be revoked until the licensee has had a reasonable opportunity to achieve conformity with the regulations in this Manual.

A license will be revoked by sending a registered letter bearing the designation "Notice of Revocation" to the licensee. This letter will (1) state that the license is being revoked; (2) list the specific acts or conditions which constitute lack of conformity with regulations and the dates or time span involved; (3) establish a date for termination of operation and (4) explain the right to file an appeal from this action within 30 days.

If an appeal is filed, further proceedings will be conducted in accordance with the Administrative Procedure Act.

AI-123.50 BOARD MEMBERS - NONPROFIT INSTITUTIONS AI-123.50

No board member shall profit by reason of his membership on the board, nor be employed by the institution.

AI-139 COMPLIANCE WITH LIFE CARE CONTRACTS AI-139

An institution which has entered into a life care contract or a contract for care for more than one year must comply with the provisions of each such contract and must meet the reserve requirements set forth in Section 2351, Welfare and Institutions Code, regardless of whether or not the institution holds, or continues to hold a valid certificate of authority from the State Department of Social Welfare to enter into such contracts.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

AI-153.30 FIRE SAFETY

AI-153.30

All institutions for the aged shall comply with the fire safety laws of the state and the rules and regulations of the State Fire Marshal governing homes for the aged contained in Title 19 of the California Administrative Code.

A fire safety clearance from the State Fire Marshal is required before initial licensing and before any change in the terms of the license which affects fire safety.

Denial of a fire safety clearance is cause for denial of an application or for revocation of a license.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective October 1, 1960

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

DN-112 LICENSING PROCEDURES

DN-112

Upon receipt of an initial application for license, the State Department of Social Welfare will request fire safety inspection from the State Fire Marshal and will make an evaluation of the nursery in accordance with the established standards.

Licenses will be issued to nurseries which conform with the requirements set forth in this manual.

In a case of substantial compliance, a license may be issued at the discretion of the State Department of Social Welfare upon a finding that the deviations from the standards are minor and that the licensing of the nursery is in the best interests of the welfare of the children in the community.

DN-119 REVOCATION OF LICENSE

DN-119

No license will be revoked until the licensee has had a reasonable opportunity to achieve conformity with the regulations in this Manual.

A license will be revoked by sending a registered letter bearing the designation "Notice of Revocation" to the licensee. This letter will (1) state that the license is being revoked; (2) list the specific acts or conditions which constitute lack of conformity with regulations and the dates or time span involved; (3) establish a date for termination of operation and (4) explain the right to file an appeal from this action within 30 days.

If an appeal is filed, further proceedings will be conducted in accordance with the Administrative Procedure Act.

DN-152 SAFETY

DN-152

Physical facilities must be safe and suitable for the care of children and for the program of activities.

Awnings, canopies, or wooden lath structures used for shade must be approved for fire safety.

A fire safety clearance from the State Fire Marshal is required before initial licensing and before any change in the terms of the license which affects fire safety.

Denial of a fire safety clearance is cause for denial or revocation of license.

These regulations are designated to become effective October 1, 1960

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CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

CI-118 RENEWAL OF LICENSE

CI-118

The SDSW will make a licensing study of the institution and evaluate the child care program of the preceding year before issuing a renewal license.

CI-119 REVOCATION OF LICENSE

CI-119

No license will be revoked until the licensee has had a reasonable opportunity to achieve conformity with the regulations in this Manual.

A license will be revoked by sending a registered letter bearing the designation "Notice of Revocation" to the licensee. This letter will (1) state that the license is being revoked; (2) list the specific acts or conditions which constitute lack of conformity with regulations and the dates or time span involved; (3) establish a date for termination of operation and (4) explain the right to file an appeal from this action within 30 days.

If an appeal is filed, further proceedings will be conducted in accordance with the Administrative Procedure Act.

CI-152 SAFETY AND SANITATION

CI-152

Institutions shall conform to the housing, sanitation, and fire safety laws and regulations of the state.

A fire safety clearance from the State Fire Marshal is a requirement for an initial license and for any change in the terms of the license which affects fire safety. Denial of a fire safety clearance is cause for denial or revocation of license.

A sanitation inspection is required whenever there is reason to believe that existing conditions jeopardize the health or safety of children. Failure to correct hazards to health or safety is cause for denial or revocation of license.

Special precautions must be taken in the storage of paints, oils, and other inflammable materials.

Care shall be taken to prevent home accidents from such causes as slippery floors, loose rugs, inadequate lighting, improperly protected fireplaces or stairways. Long electric cords or extensions shall not be allowed on the floor in such a way as to present danger of tripping or fire hazards.

These Regulations are designated to become effective October 1, 1960

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CONTINUATION SHEET
 OR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE
 (Pursuant to Government Code Section 11380.1)

Standards For Maternity Homes in California filed with the Secretary of State in uncodified form on May 21, 1945 are repealed effective October 1, 1960.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

LICENSING PROCEDURE

MH-113

MH-111 APPLICATION PROCEDURE

MH-111

MH-111.20 APPLICATION

MH-111.20

An application for license, on forms prescribed and supplied by the State Department of Social Welfare, shall be filed with the nearest Area Office of the department before taking any formal step to establish a maternity home.

A new application shall be filed whenever a change is contemplated in the location of the maternity home or the auspices under which it will be operated.

Two copies of the appropriate application form shall be completed. One copy must be returned to the Area Office. The other is retained by the maternity home for its records.

MH-112 LICENSING STUDY

MH-112

The licensing study will include the following procedures:

1. Review of building plans or inspection of plant - Upon receipt of any new application, the State Department of Social Welfare will evaluate the building plans, or inspect the building whose use is contemplated to determine conformity with the regulations contained in this Manual.
2. Fire Inspection - Upon receipt of any new application, the State Department of Social Welfare will request the State Fire Marshal to inspect the buildings and to make a report of his findings and recommendations concerning any necessary alterations.
3. Evaluation of Conformity with Standards - The State Department of Social Welfare, in cooperation with the Board and staff of the maternity home, will evaluate the facility's eligibility to license and the capacity limitation to be specified on the license. The evaluation process is a shared responsibility, but final decision concerning the issuance of license must be made by the State Department of Social Welfare.

MH-113 ISSUANCE OF LICENSE

MH-113

A license will be issued to any maternity home found to be in full conformity with the requirements set forth in this Manual.

At the discretion of the department, a renewal license may be issued in a case of substantial conformity with regulations when (1) deviations are minor and/or all reasonable effort is being made to achieve conformity and (2) the continued operation of the maternity home is believed to be in the best interest of the mothers and children whom it serves.

CALIFORNIA-SDSW-MANUAL- MH

Issue 11-1

Effective 10/1/60

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

MH-114 LICENSING PROCEDURE Regulations

MH-114 RESPONSIBILITIES OF LICENSED HOMES MH-114
MH-114.10 CONFORMITY WITH TERMS OF LICENSE MH-114.10

Each license will specify the number of girls and infants for whom the maternity home is authorized to provide care in the residential quarters. This number shall not be exceeded at any time.

MH-114.20 POSTING OF LICENSE MH-114.20

Licenses shall be posted in a conspicuous place in the maternity home.

MH-114.30 REPORTS TO THE STATE DEPARTMENT OF SOCIAL WELFARE MH-114.30

In addition to the reports specifically required by Sections 1620.5 and 1628 of the Welfare and Institutions Code, all maternity homes shall submit to the State Department of Social Welfare:

1. Plans for new buildings or for addition to or major alteration of existing buildings.
2. Plans to occupy a building or a portion of a building which has not been previously used by the maternity home.
3. Any information or statistics required by the State Department of Social Welfare.

MH-115 REVOCATION OF LICENSE MH-115

No license will be revoked until a maternity home has had a reasonable opportunity to achieve conformity with the regulations in this Manual.

A license will be revoked by sending a registered letter bearing the designation "Notice of Revocation" to the organization responsible for operation of the maternity home. This letter will (1) state that the license is being revoked; (2) list the specific acts or conditions which constitute lack of conformity with regulations and the dates or time span involved; (3) establish a date for termination of operation and (4) explain the right to file an appeal from this action within 30 days.

If an appeal is filed, further proceedings will be conducted in accordance with the Administrative Procedure Act.

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ORGANIZATION AND ADMINISTRATION

MH-122

MH-120 ORGANIZATION

MH-120

The organization of every maternity home shall be such that legal responsibility is clearly defined and administrative authority specifically placed.

To insure local citizen participation in the administrative process, each maternity home shall have a local lay Board or Advisory Committee.

MH-121 INCORPORATION

MH-121

Maternity homes subject to license by the State Department of Social Welfare must be operated by a nonprofit organization incorporated in accordance with Division Part 3, Sections 10200-10208 of the Corporations Code of California.

A copy of the Articles of Incorporation shall be filed with the State Department of Social Welfare.

Maternity homes operated under the auspices of a national organization or religious order need not be incorporated separately, if the operation of maternity homes is a function mentioned in the Articles of Incorporation issued to the parent-body.

MH-122 CONSTITUTION AND BYLAWS - ESTABLISHMENT

MH-122

Each maternity home shall have a constitution and bylaws which provide for control by a responsible governing body and fulfill the requirements established in this chapter.

When a home is served in an administrative or advisory capacity by more than one citizen group (whether on a national, territorial or local level), a separate constitution and bylaws shall be established to govern the activities of each Board and/or Advisory Committee.

A copy of each constitution and bylaws, including those of the final administrative authority, shall be filed with the State Department of Social Welfare

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MH-122.10

ORGANIZATION AND ADMINISTRATION

Regulations

MH-122.10 CONSTITUTION AND BYLAWS - CONTENT

MH-122.10

Each constitution and bylaws shall contain the following information:

1. The name of the organization, or citizen group whose activities will be controlled by this document.
2. The purpose of the organization, including a broad definition of the individuals to be served and the services to be provided.
3. The relationship of this group to the general membership and/or auxiliary groups, if such exist.
4. The location of final administrative authority for the operation of the maternity home, with specific mention of responsibility for the employment of staff.
5. The powers and duties of the Board or Advisory Committee to be governed by this document with any delegation of responsibility clearly defined.
6. The size, composition, and the methods of selecting this Board or Advisory Committee, and the term of office established for its members.
7. The officers and committees to be designated, the method of their selection, their term of office and their duties.
8. The time, place and frequency of meetings, and the number necessary for a quorum.
9. The methods for financing the maternity home.
10. The methods by which change in the constitution and bylaws can be effected.

Each constitution which governs the activities of a local lay Board or Advisory Committee serving a maternity home exclusively, shall also make provision for the executive of the maternity home to attend all meetings of this Board or Committee. An exception may be provided for meetings held to evaluate the job performance of the executive or discuss the selection of her successor. If such exceptions are made, other sections of the constitution shall require that the Board or Committee share with the executive, any evaluation of her performance previously discussed in a closed meeting.

The constitution governing the activities of an Advisory Board or Committee shall also define the channels through which its actions must proceed for review and approval.

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ORGANIZATION AND ADMINISTRATION

MH-125.10

MH-125 LOCAL BOARDS AND ADVISORY COMMITTEES - BASIC REQUIREMENT

MH-125

Each maternity home shall have a local lay Board or Advisory Committee whose functions do not include provision of any other service or the operation of any other facility.

If a local Board (advisory or administrative) serves other facilities or programs operated under the same organization, an Advisory Committee must be established to serve each maternity home for which the Board has responsibility.

MH-125.10 LOCAL BOARDS AND ADVISORY COMMITTEES - FUNCTIONS

MH-125.10

Each local Board or Advisory Committee shall maintain a close relationship with the executive and accept responsibility for:

1. Learning about the quantity and quality of service currently provided by the maternity home.
2. Continual evaluation of these services to determine their effectiveness in meeting the needs of the individuals served and of the community.
3. Frequent review of policy which governs the practice of the maternity home to determine its applicability to current needs and standards.
4. Development of policy which can be adopted as a basis for improved practice, or recommended to the appropriate administrative body.
5. Interpretation of community interests and attitudes to staff.
6. Interpretation of the maternity home's services and needs to the general public, and to specific groups which may provide funds or may need its services.
7. Participation in community planning of welfare services and in coordination of services.

Local administrative Boards must accept the following additional functions:

1. Determination of the major goals of the maternity home.
2. Formal establishment of policy to govern the program of the maternity home.
3. Responsibility for financing and budget planning.
4. Selection of a qualified executive to whom details of administration can be delegated, and with whom planning activities can be shared.

(Continued)

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MH-125.10 ORGANIZATION AND ADMINISTRATION Regulations

MH-125.10 (Continued)

MH-125.10

5. Development of criteria for evaluation of the job performance of the executive, and acceptance of responsibility for periodic evaluation of the executive in accordance with the criteria established.
6. Provision of channels for sharing with total staff, responsibility for policy formulation, for determination of major goals and development of plans for achieving them.
7. Responsibility to the community for the establishment and maintenance of acceptable standards of service.
8. Representation of the maternity home in its contacts with national and local programs of a related nature.

MH-125.20 LOCAL BOARDS AND ADVISORY COMMITTEES - COMPOSITION AND METHOD OF SELECTION

MH-125.20

No member of the staff of a maternity home and no person whose financial interests could be served by the maternity home shall be eligible to membership on a local lay Board or Committee.

MH-125.30 LOCAL BOARDS AND ADVISORY COMMITTEES - MEETINGS

MH-125.30

Local Boards or Advisory Committees shall hold at least ten regular monthly meetings a year.

Minutes of meetings held by a local Board or Advisory Committee serving a maternity home exclusively shall be kept and made available to the State Department of Social Welfare. On request, local Boards which serve other facilities also, shall make available to the department, minutes pertaining to the maternity home.

MH-127 POLICIES - BASIC REQUIREMENTS

MH-127

Each maternity home shall have written statements which define its personnel policy and govern its program of services.

Policy statements initiated on a local level shall be formally approved by the local lay Board or Advisory Committee and by any other appropriate Board or administrative authority.

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ORGANIZATION AND ADMINISTRATION

MH-127.20

MH-127.10 POLICIES - PERSONNEL

MH-127.10

The local Board or Advisory Committee shall establish or compile a written statement of policy which includes all topics listed in Secs. MH-141-MH-148.10 and conforms with the regulations in these sections.

If personnel practice is governed by policy established at different levels, the policy statement shall include under each required topic, all applicable policy established by the local Board or Advisory Committee, by the national organization and/or by its subdivisions.

If policy has not been established for a required topic, the policy statement shall reflect this fact.

The policy statement shall be made available to any member of the staff.

MH-127.20 POLICIES - PROGRAM

MH-127.20

For each service required by this Manual, the local Board or Advisory Committee shall establish or compile a written statement of policy which defines:

1. The purpose of the Service.
2. The administrative framework for providing the service.
3. The conditions under which it will be made available.
4. Whether the service will be provided by the maternity home or secured from another agency.

The policy statement for each service must include all applicable topics listed in Secs. MH-160-MH-244 and conform to the regulations in these sections.

The executive shall develop or cause to be developed, written statements which define for staff, the procedures to be utilized in implementing established policy. These procedures shall be designed to insure a desirable quality of service, a coordination of services, conservation of staff time and a reliable and predictable standard of practice.

The practice of staff and the interpretation of program shall be in conformity with established policy and procedure.

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FINANCES

MH-133.30

MH-130 BASIC REQUIREMENT

MH-130

Sufficient funds shall be available at all times to assure adequate care in accordance with:

1. The purposes of the maternity home.
2. The type of program and services planned.
3. The regulations of the State Department of Social Welfare.

MH-131 FUND-RAISING

MH-131

An appropriate Board and/or Advisory Committee shall be responsible for securing adequate operating funds. This shall not be a responsibility of the executive.

MH-132 BONDING OF EMPLOYEES

MH-132

Any person (usually the treasurer, executive and bookkeeper) responsible for handling funds shall be bonded, unless a competent national organization or religious order guarantees the replacement of any shortage of funds.

MH-133 FINANCIAL PROCEDURES

MH-133

MH-133.10 BUDGET

MH-133.10

Prior to the beginning of each fiscal year, an itemized annual budget shall be prepared and approved by the local Board and/or Advisory Committee and if necessary, by other appropriate administrative authorities.

The final budget adopted shall govern the financial operation of the maternity home.

MH-133.30 FINANCIAL RECORDS

MH-133.30

Financial records shall be established and maintained in sufficient detail to show clearly (1) the amounts and sources of all income and (2) the nature and amount of all expenditures, assets and liabilities.

These records shall include itemized accounts which show for each budget item, the annual allocation and the total expenditures to date.

All financial records of the maternity home shall be available for review by the State Department of Social Welfare.

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MH-133.40

FINANCES

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MH-133.40 AUDIT

MH-133.40

All accounts shall be audited annually by a certified public accountant who is not a member of the Board or Advisory Committee and is not otherwise employed by the maternity home or the national organization under whose auspices it operates.

MH-134 STATISTICAL RECORDS

MH-134

Statistical records shall be established and maintained in sufficient detail to allow tabulation of the following:

1. The number of girls for whom service was requested (personally or by another person).
2. The total number of girls accepted for service.
3. The age, race, religion, legal residence, marital status and occupation of each girl accepted for service.
4. The number of girls who received a particular type of service (i.e., residential care, nonresident living arrangements, medical care, other professional services etc.).
5. The duration of care (i.e., days of care).
6. The number of infants born to the girls served.
7. The number of deaths (girls and/or infants).
8. Any other information which the Board or other administrative authority may require.

MH-135 FEE SCHEDULE

MH-135

Each maternity home shall establish a fee schedule to be used in determining the amount of reimbursement each girl will be expected to make for the services she receives. Separate fees must be established for different types of service (residential care, medical care, etc.).

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PERSONNEL

MH-141

MH-140 BASIC REQUIREMENT

MH-140

The staff of each maternity home shall be sufficient in number and competence to provide a quality of service which can meet the needs of the individuals it serves.

MH-141 PERSONAL QUALIFICATIONS - ALL STAFF

MH-141

All staff serving the maternity home shall demonstrate (through interviews, employment and personal references, and subsequent job performance) possession of the following personal attributes:

1. A warm and friendly manner, a sense of humor, a genuine liking for people and a capacity to establish positive relationships with them.
2. Sufficient intelligence to understand the objectives of the maternity home, and to perform the duties assigned.
3. Mental and emotional stability, personal integrity and freedom from any serious character defect.
4. Sufficient physical vigor to perform assigned duties.
5. Attitudes that are generous, nonpunitive and reflect a basic respect for individuals and an acceptance of their differences. Non-punitive attitudes toward members of the opposite sex and toward sex deviations are of particular importance.
6. Acceptance of the maternity home's objectives.

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MH-142 PERSONNEL Regulations

MH-142 STAFF REQUIRED MH-142

Each maternity home shall obtain the services of staff in each of the following general classifications: (1) executive; (2) medical staff; (3) nursing staff; (4) casework staff; (5) group work staff; (6) psychiatric and psychological specialists; (7) clerical staff and (8) housekeeping and maintenance staff.

Any person employed by or assigned to the staff of a maternity home shall meet the minimum qualifications for his job classification. (See Secs. MH-142.10-MH-143)

Any professional person (physician, nurse, caseworker, psychiatrist, psychologist, chaplain, etc.) whose services are donated to the maternity home, paid for on a contract or fee basis, or made available through an agreement with another agency, shall also meet the minimum qualifications for staff employed in a similar capacity. This requirement is not applicable when psychiatric and/or psychological services are provided by a mental hygiene or child guidance clinic.

When a position includes a combination of duties, the person assigned to the position must meet fully, the minimum qualifications for all job classifications from which his duties are derived (e.g., Assistant Director fulfilling the duties of a Casework Supervisor, etc.).

Any person employed in (or assigned to) a job classification must meet fully the minimum qualifications for that classification, even though his job assignment does not include all of the duties listed for the classification.

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PERSONNEL

MH-142.10

MH-142.10 EXECUTIVE

MH-142.10

Each maternity home shall have an executive who performs the following duties and possesses in substantial degree, the qualifications listed below:

Duties

1. Administers the maternity home in accordance with established policy and budget limitations.
2. Attends regular meetings of the local Board or Advisory Committee, serves as ex officio member of all Board committees and consults with Board members to keep them informed of the objectives, needs and program of the maternity home and to suggest new policy or revision of existing policy for Board consideration.
3. Develops an administrative plan and procedures to insure clear definition of lines of responsibility, equitable workloads, adequate supervision and harmonious working relationships.
4. Selects, assigns, promotes and dismisses staff in accordance with established personnel policy.
5. Assumes leadership in staff development and stimulation.
6. Establishes and maintains good working relationships with other social agencies and health facilities, and assumes an active role in community planning to develop needed services.
7. Engages in continuous public interpretation of the maternity home program through written material, speeches, etc.
8. Prepares monthly reports, an annual report and a tentative annual budget.

Personal Qualifications

1. Age and state of health which permit vigor and vitality and a youthful point of view.
2. Warmth of personality and a satisfying philosophy of living.
3. Sufficient emotional maturity to insure freedom from anxiety and irritability under pressure, and ability to exercise sound judgment, even in moments of crisis.
4. Deep and sympathetic understanding of the problems involved in pregnancy out of wedlock and in unmarried motherhood, plus an ability to work successfully with individuals and groups.
5. True identification with the objectives of the maternity home and deep conviction about the value of its service.

(Continued)

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MH-142.10 (Continued)

MH-142.10

6. Ability to establish and maintain a homelike atmosphere in an institutional setting, and to facilitate the relationships essential to constructive group living.
7. Clear understanding of the functions of each employee of the maternity home (including the professional staff) and knowledge of the procedures necessary to prepare a budget, to compile needed statistics, and to operate the maternity home on a sound financial basis.
8. Ability as an administrator, with capacity to accept authority and to delegate it wisely; to inspire Board and staff to develop and implement sound policy and program; to analyze, evaluate and interpret the program of the maternity home; to integrate its services with the total community program for unmarried mothers; and to give leadership to community effort to provide more adequate services for unmarried mothers.

Education and Experience

1. A minimum of three years of successful experience in social work, nursing, psychology or education.
2. Demonstrated understanding and acceptance of modern concepts and techniques in social work.

MH-142.20 ASSISTANT EXECUTIVE

MH-142.2

If the maternity home establishes a position with this title, the assistant executive shall possess in substantial degree, the personal qualifications required for an executive, and show potential executive ability.

An assistant executive shall also have the following education and experience:

1. A minimum of two years of successful experience in the field of social work, nursing, psychology or education.
2. Demonstrated understanding and acceptance of modern concepts and techniques in social work.

When there is no assistant director, a suitably qualified person shall be designated to act for the executive in her absence, and to provide administrative assistance within her area of competence.

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MH-142.40

MH-142.30 MEDICAL STAFF**MH-142.30**

Each maternity home shall have the services of a physician whose duties include the following:

1. Serves as a member of the Medical Advisory Committee and recommends to that committee, policy which will insure an acceptable quality of medical services.
2. Develops and recommends to the executive, appropriate procedures to insure (a) the availability of the medical services mandated by policy (b) the maintenance of adequate and complete medical records and (c) the coordination of medical services with casework and other specialized services.
3. Assists the executive in securing the services of physicians and specialists needed to implement the medical program.
4. Develops and recommends to the executive, an annual budget for the medical program, and assumes responsibility for ordering medical supplies and equipment within the limitations of the current budget.
5. When appropriate to the staffing pattern (a) assigns equitable workloads to the medical staff; (b) arranges conferences in which the medical and nursing staff can discuss administrative and medical problems and (c) provides consultation when needed by the medical staff or secures it from specialists.

Each member of the medical staff serving girls or infants receiving care in the residential quarters or an outpatient service, must be a graduate of a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association and be licensed to practice medicine in California.

Medical staff serving the hospital unit of a maternity home only, shall meet the standards established by the State Department of Public Health.

MH-142.40 NURSING STAFF - BASIC REQUIREMENTS**MH-142.40**

Each maternity home shall obtain the services of one or more nurses who perform the duties listed in Secs. MH-142.41 and MH-142.42.

Any nurse assigned to these duties shall be a graduate of an accredited school of nursing, currently registered with the Board of Nurse Examiners of the State Department of Professional and Vocational Standards.

Nursing staff serving a hospital unit only, shall meet the standards established by the State Department of Public Health.

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MH-142.41

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MH-142.41 SUPERVISING NURSE (OR OTHER APPROPRIATE TITLE)

MH-142.41

Each maternity home shall have one nurse whose duties include the following:

1. Serves as a member of the Medical Advisory Committee and recommends to that committee, policy which will insure an acceptable quality of nursing service and health instruction.
2. Develops and recommends to the executive, appropriate procedures to insure (a) the availability of the nursing service and health instruction mandated by policy; (b) the maintenance of adequate nursing records and (c) the coordination of the nursing program with medical, casework and other service provided by the maternity home.
3. Develops and recommends to the executive, an annual budget for the nursing program, and assumes responsibility for ordering nursing supplies and equipment within the limitations of the current budget.
4. If other nurses are assigned to the residential quarters, (a) assists the executive in securing qualified nursing staff, (b) assumes responsibility for their work assignment and supervision and (c) arranges conferences with the medical staff to discuss administrative and nursing problems.

A nurse who performs the above duties shall have the following qualifications:

1. Three years of nursing experience including (a) some experience which demonstrates administrative, supervisory and teaching ability and (b) one year of obstetrical nursing with responsibility for the care of infants.
2. Knowledge of the principles, techniques, methods, literature and new developments in the field of general nursing, and of those peculiar to obstetrical nursing and to the care of infants.
3. Knowledge of administrative, supervisory and teaching practice and procedure, ability to translate such knowledge into policies and practice and to develop good working relationships with other staff.

If a nurse responsible for the duties listed in this section also provides a direct service to girls accepted for residential care or for an outpatient service, she must have in addition, the personal qualifications required for a nurse. (See Sec. MH-142.42.)

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PERSONNEL

MH 142.43

MH-142.42 NURSE (STAFF)

MH-142.42

Each maternity home shall have one or more nurses who perform appropriate duties in the residential quarters. (See Handbook Sec. MH-142.42)

Each nurse who provides a direct service to girls and/or infants in the residential quarters shall have the following personal qualifications:

1. Ability to function in a teamwork relationship with other members of the staff and to share responsibility for the care of a child with his mother.
2. Ability to understand the various emotional reactions of pregnant girls and unmarried mothers, to form supportive relationships with them to alleviate the fear of childbirth and to detect abnormalities which indicate the need for referral to a physician and/or a case-worker.

MH-142.43 NURSE'S AIDE OR PRACTICAL NURSE

MH-142.43

When assigned to the residential quarters, a person in this classification shall perform specified duties under the supervision of a physician or nurse. Such persons shall have the following minimum qualifications:

1. Graduation from high school or completion of an accredited course in practical nursing.
2. Ability to learn and to work under supervision.
3. Ability to maintain friendly relationships with girls resident in the maternity home or receiving an outpatient service, without assuming the assigned function of other members of the staff.

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MH-142.50

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MH-142.50 CASEWORK STAFF - BASIC REQUIREMENTS

MH-142.50

Every maternity home shall employ, or otherwise secure the services of one or more caseworkers who meet the requirements listed in Sec. MH-142.52.

When the maternity home does not have a Casework Supervisor, at least one member of its staff shall meet the qualifications for that position. (Exception: this requirement is not applicable when another agency agrees to provide casework services for the maternity home.)

All casework staff serving the maternity home shall have the following personal qualifications:

1. Deep and sympathetic understanding of the problems involved in pregnancy out of wedlock and in unmarried motherhood; acute awareness of own feelings about sexual deviation, illegitimacy, adoption and related problems; freedom from any personal need to impose own values on persons served, particularly in areas relative to the future of a child; true respect for individuals and a firm conviction about their right of self-determination.
2. Unusual sensitivity to the feelings of others; ability to establish a professional relationship quickly and capacity to sustain a relationship which can become the basis for a helping process.
3. Ability to work comfortably within the framework of established policy and procedure, and to function in a teamwork relationship with other members of the staff and with employees of other social agencies.

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RegulationsPERSONNELMH-142.51**MH-142.51 CASEWORK SUPERVISOR****MH-142.51**

If this classification is used, the duties of the person assigned shall include the following:

1. Serves as a member of the Medical Advisory Committee and recommends to that committee, policy needed to coordinate the casework service with the medical and nursing service provided for girls served by the maternity home.
2. Develops and recommends to the executive, any needed changes in policy which governs the casework service, or is administered in whole or in part, by the casework staff (e.g., admission policy, application of fee schedule, etc.).
3. Secures accurate information about the services provided by other agencies and when indicated, assists the executive in developing or revising interagency agreements.
4. Develops and recommends to the executive, appropriate procedures to insure (a) a desirable quality of casework service (b) the maintenance of adequate case records and statistical records and (c) the coordination of casework services with other services of the maternity home.
5. If requested by the executive (a) assists in securing qualified caseworkers when vacancies occur (b) prepares reports and written material (c) interprets the program and/or casework service of the maternity home to the local Board, to Board committees, to other agencies or to the public and (d) represents the maternity home at meetings of social agencies or social workers.
6. Assumes responsibility for (a) the work assignment and supervision of casework staff and (b) arranging individual and group conferences with other staff in the maternity home and in other agencies.
7. If responsible for supervision of group work staff, assumes responsibilities for that program and staff, similar to those listed above.

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MH-142.51 (Continued)		MH-142.51

A Casework Supervisor or a caseworker with supervisory responsibilities shall have the following qualifications:

1. Successful completion of a two-year curriculum in social casework or in social group work in a graduate school of social work accredited by the Council on Social Work Education.
2. A minimum of three years within the last ten years of successful paid experience in the field of family or child welfare with some experience in work with unmarried mothers and in planning, supervising and coordinating the work of other caseworkers. Two years' experience as a social group worker in a maternity home may be substituted for two years of the required paid experience if all other qualifications can be met.
3. Knowledge of the casework process, medical information, and social work literature, including that relating to casework with unmarried mothers.
4. A good working knowledge of supervisory and administrative practice, with ability to formulate policy and procedure; to plan and direct the provision of sound casework services; to secure effective service from casework staff; to develop good working relationships with other social agencies and community groups; and to interpret the program of the maternity home effectively.

MH-142.52 CASEWORKER

MH-142.52

Each maternity home shall have one or more caseworkers who provide under supervision, a casework service consistent with the requirements in Secs. MH-170-MH-177.

Caseworkers not employed by the maternity home in this capacity on November 15, 1954, shall have the following minimum qualifications:

1. Completion of at least one-half of the curriculum in social casework in a graduate school of social work accredited by the Council or Social Work Education.
2. A minimum of two years within the last ten years of successful full-time paid employment in a casework capacity in the field of family or child welfare, with some experience in working with unmarried mothers; or a minimum of one year's experience of this type if the full curriculum of an accredited graduate school of social work had been completed.

A caseworker responsible for the supervision of one or more members of the casework staff shall meet the qualifications for a Casework Supervisor. (See Sec. MH-142.51)

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PERSONNEL

MH-142.61

MH-142.60 GROUP WORK STAFF - BASIC REQUIREMENTS

MH-142.60

Every maternity home shall secure the services (through employment, assignment or other arrangements) of at least one person who meets the qualifications and performs the duties listed in Sec. MH-142.61 or MH-142.62.

MH-142.61 SOCIAL GROUP WORKER

MH-142.61

If this classification is used, the duties of the person assigned shall include the following:

1. Assists in formulating policy and procedure which facilitates the development of a social milieu in which girls can develop constructive patterns of personal and community living.
2. Assists other staff in providing group experiences that will help individual girls achieve better personal and social adjustment (i.e., by meeting their need for acceptance and recognition, a sense of "belonging," an opportunity to express and modify hostile feelings, experience satisfying relationships, etc.).
3. Acts as a leader or "enabler" in group sessions and as a "limiter" when the behavior of an individual girl imperils her acceptance or the purpose of the group.
4. Interprets to other staff, the personal and social needs of girls observed in group sessions or in individual conferences about group activities.
5. If indicated, performs duties listed for a Recreation or Group Worker. (See Sec. MH-142.62)

A social group worker must possess (1) the personal qualifications required for all casework staff (Sec. MH-142.50) and (2) the following:

1. Successful completion of a two-year curriculum in social group work (or in social casework if this curriculum has included field work and a substantial number of courses in group work) in a graduate school of social work accredited by the Council on Social Work Education.
2. A minimum of two years within the last ten years, of successful experience in a social agency. This experience shall have included at least one year in the practice of social group work.

(Continued)

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Issue 14-11

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MH-142.61

PERSONNEL

Regulations

MH-142.61 (Continued)

MH-142.61

3. Thorough knowledge of the group work process, and of literature in the field of social work and in social group work. Familiarity with modern social work concepts relative to the problems and treatment of unmarried mothers.
4. Ability to plan and facilitate group activities designed for purposes of education, recreation or treatment and to help develop a social climate in the maternity home, which will enable individual girls to become more effective social beings.
5. Ability to understand individual needs expressed in group activities, to participate in defining the shared and separate responsibilities to be carried by various members of the staff and to work within assigned limits in contacts with individual girls.

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PERSONNEL

MH-142.62

MH-142.62 RECREATION WORKER OR GROUP WORKER

MH-142.62

A maternity home which does not have a social group worker shall have one or more persons whose duties include the following:

1. Under supervision, (a) plans and facilitates a program of group activities which will meet the educational, recreational and the religious needs of resident girls and (b) coordinates this program with other services.
2. Recruits, supervises and coordinates the work of any volunteers needed for the group activity program.
3. If indicated, teaches crafts and skills and provides leadership in recreational activities.
4. To the extent possible, performs other duties listed for a social group worker. (See Sec. MH-142.61)

When a maternity home has a social group worker, and one or more recreation or group workers, appropriate duties shall be assigned as indicated.

A recreation or group worker shall have the following minimum qualifications:

1. College graduation with specialized training in recreation, guidance, counseling, education or social work.
2. A minimum of two years within the last ten years of successful paid experience in a recreation or group work agency with demonstrated ability to teach crafts and other skills and to direct recreational activities.
3. Knowledge of the principles, techniques and literature in supervised recreation and group dynamics. Familiarity with and acceptance of modern social work concepts relative to the problems and treatment of unmarried mothers.
4. Abilities approximating those of a social group worker. See Items 4 and 5 in qualifications listed in Sec. MH-142.61.

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MH-142.70 PERSONNEL Regulations

MH-142.70 PSYCHIATRIC, PSYCHOLOGICAL AND RELIGIOUS SPECIALISTS - BASIC REQUIREMENTS MH-142.70

Every maternity home which does not receive all needed psychiatric and psychological service from a mental hygiene clinic or another social agency shall secure the services of one or more psychiatrists and psychologists who (1) meet the qualifications listed in the next sections and (2) provide the services required by Secs. MH-180-MH-183.

Any maternity home whose resident program includes intramural religious services or group sessions shall take responsibility for insuring that these sessions are conducted by persons who meet the qualifications listed in Sec. MH-142.73.

(See Handbook for appropriate duties for these specialists.)

MH-142.71 PSYCHIATRIST MH-142.71

A psychiatrist whose services are made available under the auspices of a maternity home shall meet the following qualifications:

1. Graduation from a medical school approved by the Council on Medical Education and Hospitals; licensed to practice medicine in California and eligible for certification by the American Board of Psychiatry and Neurology.
2. A minimum of two years' experience as a psychiatrist in a child guidance or mental hygiene clinic, or as a consulting psychiatrist to another social agency.
3. Knowledge of and respect for the profession of social work and a willingness to work cooperatively with members of the casework staff.
4. Sympathetic understanding of the problems involved in pregnancy out of wedlock, acute awareness of his own feelings about sexual deviation, illegitimacy and adoption; freedom from any personal need to impose his own values on persons served, particularly in areas relative to the future of the child; true respect for individuals and a firm conviction about their right of self-determination.
5. Unusual sensitivity to the feelings of others; ability to establish a professional relationship quickly and to form valid diagnostic impressions in one or two interviews.

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Regulations

PERSONNEL

MH-142.72

MH-142.72 PSYCHOLOGIST

MH-142.72

A psychologist whose services are made available under the auspices of a maternity home shall meet the following qualifications:

1. A Master's Degree in Clinical Psychology from a college or university accredited by the American Psychological Association, with practicum courses in administering individual psychological tests.
2. A minimum of two years' successful experience as a psychologist in a child guidance clinic or mental hygiene clinic.
3. Personal attributes identical with those required for a psychiatrist. (See Item 4 in Sec. MH-142.71)
4. Unusual sensitivity to the feelings of others; ability to establish a professional relationship quickly, to evaluate the emotional factors in a girl's responses and to determine the validity of test results obtained.

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MH-142.73

PERSONNEL

Regulations

MH-142.73 CHAPLAIN OR RELIGIOUS COUNSELOR

MH-142.73

Any minister, priest, rabbi or other religious leader whose services are provided under the auspices of the maternity home shall meet the following qualifications:

1. Educational achievement prescribed by the religious order, national organization or church with which he is affiliated, or by the Board or Advisory Committee of the maternity home.
2. Extensive experience in religious counseling, with demonstrated ability to work successfully with young people in groups and in individual contacts.
3. Real understanding and acceptance of human behavior, a sympathetic attitude towards the problems involved in pregnancy out of wedlock, and a religious philosophy which will permit the assumption of a supportive and helping role without any need to inflict punishment or augment guilt.
4. A warm and friendly manner; freedom from any personal need to impose his own values on persons served, particularly in areas relative to the future of a child; true respect for individuals and a firm conviction about their right of self-determination.
5. Knowledge of and respect for the profession of social work; knowledge of the function of a caseworker and willingness to be of help to persons served by the maternity home without assuming the role of the caseworker or of other members of the staff.
6. Ability to plan and conduct religious services which have beauty, dignity and warmth, can symbolize the comfort and strength to be derived from a satisfying religious experience, and will meet the spiritual needs of the particular group assembled.
7. Ability to plan and conduct informal group sessions in which questions relating to religious concepts can be discussed, and the application of these concepts to problems of modern living, clarified.

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Regulations

PERSONNEL

MH-142.80

MH-142.80 HOUSEMOTHER

MH-142.80

Every maternity home shall have at least one staff member who lives in the residential quarters and performs the duties listed below.

If the maternity home does not use this classification, the Assistant Director, social group worker, resident nurse or Administrative Housekeeper may act as housemother. In homes licensed for less than 20 girls, the Executive may elect to serve in this capacity.

The duties of the person assigned shall include the following:

1. Makes certain that the residential quarters are maintained in an orderly manner without sacrifice of a homelike atmosphere, and that well-prepared meals are served on time.
2. In cooperation with professional staff, develops plans for the assignment of resident girls to household chores, makes appropriate assignments and insures that they provide a continuous learning experience.
3. Takes responsibility for knowing that house rules are observed to a reasonable degree, and makes any necessary modification in work assignments or the daily schedule to facilitate the use of professional services or insure maximum benefit from the resident program.
4. Reports significant changes in the physical or emotional condition of resident girls to appropriate professional staff; suggests that girls discuss their problems with the caseworker and cooperates with professional staff in implementing treatment plans.

If the above duties are not performed by a member of the administrative or professional staff, the person assigned must meet fully the personal qualifications recommended for an Administrative Housekeeper. (See job specification in Handbook Sec. MH-143.10.)

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CALIFORNIA-SDSW-MANUAL- MH

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MH-142.90

PERSONNEL

Regulations

MH-142.90 CLERICAL STAFF

MH-142.90

Every maternity home shall have clerical staff sufficient in number and competency to (1) conserve the time of the professional staff, (2) insure the maintenance of adequate records (3) protect financial resources and (4) contribute to effective public relations through the preparation of needed reports and interpretative material.

Provision shall be made for some pattern of job classifications which includes the duties customarily performed by a bookkeeper, receptionist, stenographer and/or clerk-typist.

Girls served by the maternity home shall not perform any clerical work which will necessitate access to confidential information.

All clerical staff shall have the following personal qualifications in addition to those listed in Sec. MH-141:

1. Capacity to protect the confidentiality of information available to them through the records of the maternity home, and through the performance of assigned duties.
2. Ability to work within defined limits without assuming the functions or responsibilities of other members of the staff.
3. Ability to use tact and courtesy in all contact with other members of the staff, with persons using the services of the maternity home, and with the general public, even when assigned work is interrupted.

MH-143

HOUSEKEEPING AND MAINTENANCE STAFF

MH-143

Every maternity home shall have housekeeping and maintenance staff sufficient to:

1. Provide at regular hours, well-balanced, attractively served meals planned to meet the nutritional needs of pregnant girls and unmarried mothers.
2. Maintain buildings and grounds in a safe, sanitary, comfortable and attractive condition.
3. Plan for purchase of the food, supplies and equipment needed.

Housekeeping staff in direct contact with girls served by the maternity home shall be selected for their personal attributes, as well as for their skill in performing assigned duties. (See job specifications for Administrative Housekeeper in Handbook Sec. MH-143.10.)

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Regulations

PERSONNEL

MH-146

MH-143.20 RELIEF STAFF**MH-143.20**

Each maternity home shall develop a staffing pattern which insures that:

1. Nutritious meals will be prepared and served regularly every day.
2. Adequate medical and nursing care will be available at all times.
3. Some competent adult with necessary authority and skill will be on duty to take appropriate action when emergencies arise, and to provide necessary supervision on weekends and at night.

Relief staff shall be a part of the regular staff, familiar with the program and with their assigned duties.

MH-146 STAFF DEVELOPMENT**MH-146**

Each maternity home shall make provision for an orderly process of staff development which includes:

1. Appropriate orientation to the philosophy and objectives of the maternity home, as well as to assigned duties.
2. Continuous inservice training designed to (a) develop potential competence to a maximum degree; (b) coordinate the job performance of all persons serving the maternity home and (c) improve the quality of service provided.

All persons who participate in any phase of the program shall be given appropriate induction and training.

Whenever possible, provision shall be made for persons who provide a part-time service (specialists, teachers, volunteer recreation leaders, relief staff, etc.) to participate in appropriate phases of the inservice training program provided for full-time staff (i.e., staff meetings; individual and group conferences, etc.).

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Issue 14-19

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MH-148

PERSONNEL

Regulations

MH-148 PERSONNEL PRACTICE

MH-148

Each maternity home shall define its personnel practice in regard to the following:

1. Residence Requirements
2. Hours
3. Vacations
4. Sick Leave
5. Insurance and Retirement
6. Physical Examinations
7. Salary Schedules
8. Job Specifications
9. Job Assignments
10. Probation
11. Termination of Service
12. Records
13. Periodic Evaluations

MH-148.10 PHYSICAL EXAMINATIONS

MH-148.10

Each staff member shall be in good physical and mental health.

Before employment, each prospective employee shall submit a satisfactory written report of a recent physical examination made by a licensed physician. The physician's statement must certify that the job applicant is physically able to perform the required duties and is free from venereal disease, tuberculosis and all other communicable infections.

All employees who are in contact with infants or have responsibility for the preparation or serving of food shall have an annual physical examination.

The executive shall accept responsibility for insuring that (1) no staff member comes to work when ill (either with contagious disease, such as colds, or with other illnesses which would affect their performance or the health of other persons) and (2) that any employee showing symptoms of illness be excluded from work pending clearance from a physician or staff nurse.

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Issue 14-20

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CONTINUATION SHEET
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Regulations

BUILDINGS AND GROUNDS

MH-154

MH-150 LOCATION

MH-150

Every maternity home shall be located in an area which insures safe and sufficient water, adequate drainage and sewage disposal, good fire protection and accessible public transportation.

The location shall afford easy access to other social agencies, hospitals, medical and mental health facilities, stores, churches, libraries and educational facilities.

MH-151 GROUNDS

MH-151

The grounds shall be large enough to provide some space for outdoor living and for appropriate group activities in addition to the necessary service area.

MH-152 SAFETY AND SANITATION

MH-152

The physical plant of every maternity home shall be safe.

Buildings and grounds shall be kept clean and sanitary.

All wall surfaces and floors shall be suitable for the type of room. Bathrooms and kitchens must have easily washable walls and floors.

Special precautions shall be taken in the storage of paints, oils and other inflammable material.

MH-153 HEAT, LIGHT AND VENTILATION

MH-153

All rooms (including hallways and service units) shall be properly heated, lighted and ventilated.

MH-154 BUILDINGS - GENERAL REQUIREMENTS

MH-154

The physical plant of every maternity home shall be suitable for the care of its residents and for the services included in its program. The degree of privacy afforded, the facilities available for group living, and the total atmosphere shall be conducive to effective use of these services.

Licensed maternity homes shall make all reasonable effort to meet current regulations at the earliest date possible.

When existing buildings do not meet the regulations in this chapter, a licensed maternity home shall modify their use to achieve the maximum degree of conformity possible without major alteration of the basic structure.

No building used by a maternity home shall provide space for (1) any services not related to the needs of pregnant girls, unmarried mothers or their infants or (2) residential care of any other persons.

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MH-154.10

BUILDINGS AND GROUNDS

Regulations

MH-154.10 NEW BUILDINGS

MH-154.10

New buildings and buildings whose initial use occurs after September 1954, shall conform fully with the regulations in this chapter.

Plans for new buildings or for additions or major alterations to existing buildings shall be prepared by an architect (or by a licensed civil or structural engineer) and submitted to the State Department of Social Welfare for review and approval before construction is begun.

The State Department of Social Welfare shall be notified of the intent to occupy a building not previously used by the maternity home, and approval secured before purchase or lease is completed.

Drawings or sketches of the proposed use of existing buildings shall be provided on request.

All new buildings shall be arranged to facilitate effective and efficient service, and to provide an atmosphere of comfort, relaxation and friendliness. The possibility of achieving a homelike appearance and adequate opportunities for privacy shall not be sacrificed for the convenience of staff, or a goal of minimum cost.

MH-154.20 OFFICE SPACE

MH-154.20

Every maternity home shall provide sufficient space for its business, clerical and managerial functions, and for the desk work of the administrative housekeeper and the records she must maintain.

Separate space shall be available for reception and waiting purposes.

Private offices shall be provided for the executive, the resident nurse and the casework staff. These offices shall be equipped with desks, comfortable chairs, private telephones and other items necessary to facilitate the performance of their duties.

Additional interviewing rooms shall be available for social workers from other agencies who serve persons in residence.

MH-154.30 MEDICAL EXAMINING ROOM

MH-154.30

When a licensed hospital unit is not maintained, a properly equipped examining room shall be provided for the use of medical and nursing staff responsible for the medical and nursing care of girls in residence.

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Regulations

BUILDINGS AND GROUNDS

MH-154.44

MH-154.40 FACILITIES FOR RESIDENTS

MH-154.40

MH-154.41 VISITING ROOMS

MH-154.41

A sufficient number of comfortably furnished visiting rooms shall be provided to allow girls in residence to receive and talk with visitors in private.

MH-154.42 LIVING ROOMS

MH-154.42

Every maternity home shall have at least one living room which is comfortably furnished, centrally located, and large enough to allow free and informal use by all girls in residence.

MH-154.43 ROOMS FOR EDUCATIONAL, RECREATIONAL AND RELIGIOUS ACTIVITIES

MH-154.43

At least one room for informal educational activities (craft classes, discussion groups, etc.) shall be provided.

One or more additional rooms must be provided for academic instruction so that students can be tutored individually or in groups without disrupting the informal educational activities provided for other girls.

When religious services are conducted under the auspices of the maternity home, a suitable room shall be available for this purpose.

MH-154.44 DINING ROOMS

MH-154.44

Every maternity home shall provide an attractive dining room of sufficient size (approximately 15 square feet of floor space per person) to accommodate comfortably the entire resident group when seated at small tables.

The dining room shall be located near the kitchen to insure rapid and efficient serving of food.

Silverware and attractive dishes in good condition shall be used at all regular meals. Cracked or chipped dishes or glassware shall not be used because of health hazards.

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MH-154.45

BUILDINGS AND GROUNDS

Regulations

MH-154.45 KITCHEN

MH-154.45

Every maternity home shall have a kitchen large enough to accommodate the equipment and personnel needed to prepare and serve the number of meals required.

The kitchen shall be arranged and equipped to insure convenient operation, healthful working conditions, sanitation and control of noise, heat and odor. Suitable equipment for the preparation and serving of meals, for the proper refrigeration of perishable foods and for the necessary washing and sanitizing of dishes and utensils, shall be provided.

Adequate storage space shall be provided for food supplies and for dishes and silverware not in use. Such storage space shall be clean and dry, and provide protection from insects, rodents, dust and other contamination.

Proper disposition shall be made of garbage and trash.

MH-154.46 SLEEPING QUARTERS

MH-154.46

The number of sleeping rooms shall be sufficient for each girl in residence to have comfortable and attractive quarters that assure as much privacy as the plant will currently permit.

In all new buildings, the majority of sleeping rooms shall be constructed for single or double occupancy. No rooms shall be designed to accommodate more than four persons.

In all existing structures, a maximum number of rooms shall be made available for single or double occupancy. When continued use of existing dormitories is necessary, optimum privacy must be afforded through the use of removable walls, partial partitions, screens or the arrangement of furniture.

Every single room shall contain a minimum of 100 square feet of floor space. In double rooms and those accommodating more than two persons, the minimum shall be 70 square feet of floor space per person.

Every room shall have at least one outside window. The total window area must be equal to $\frac{1}{8}$ of the floor space and never less than 16 square feet.

All sleeping rooms shall be near lavatory, bath and toilet facilities, and within easy access to the living, dining and recreation facilities.

Each sleeping room shall be pleasant and cheerful, and furnished in a manner which will insure comfort for sleeping purposes and for use as a sitting, reading and study room.

The furniture in each room must include an individual bed, a table or desk, comfortable chairs, reading and bedside lamps and adequate space for clothing and personal belongings. Adequate closet and storage space shall also be provided.

CALIFORNIA-SDSW-MANUAL-MH

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Regulations

BUILDINGS AND GROUNDS

MH-154.48

MH-154.47 ISOLATION ROOMS

MH-154.47

A sufficient number of single sleeping rooms (equipped with connecting private baths) shall be held in readiness (1) for the use of girls admitted to the residential quarters prior to a complete medical examination, the receipt of reports on laboratory tests for communicable disease, or treatment necessary to insure the absence of communicable infection and (2) for the use of other girls who develop symptoms of illness and will require separate care until they have recovered their usual health, or other plans for treatment have been developed.

MH-154.48 FACILITIES FOR MOTHERS AND INFANTS

MH-154.48

The residential quarters (or another facility operated for this purpose) shall have a sufficient number of rooms available for the post-partum care of mothers who request such care or wish to remain with their babies for a period of more than 10 days.

Whenever possible, the rooms provided for mothers who plan to keep their babies shall have sufficient space and equipment to permit the infant to share his mother's room. Single rooms shall be used for this purpose and shall meet the requirements for sleeping rooms of this type. When their size does not permit the installation of all furniture and equipment necessary for the care of a baby, a nearby room for bathing, etc., shall be provided.

If "rooming-in" arrangements are not possible in the current physical plant (or in a separate facility for post-partum care), space and equipment for a nursery for babies being kept by their mothers shall be provided in the residential quarters or in the hospital unit. The nursery established for this purpose shall be so located that a mother will find it convenient to assume total or partial responsibility for the care of her child. If in the hospital unit, this nursery shall be separate from the nursery for the newborn.

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MH-154.49

BUILDINGS AND GROUNDS

Regulations

MH-154.49 BATH, LAVATORY AND TOILET FACILITIES

MH-154.49

Adequate bath, lavatory and toilet facilities shall be available to meet the needs of all persons in residence.

At least one toilet and lavatory shall be located near the living and recreation rooms.

Private baths must be provided for all single rooms allocated for isolation use.

In addition, toilet, bath and lavatory facilities convenient to the bedrooms shall be provided in the following minimum ratio:

1. Toilets and showers (or tubs) - one each for every 10 residents.
2. Lavatories - one for every five residents. Each toilet unit must have a lavatory.

Provision must be made for privacy in all bath and toilet rooms. In rooms intended for multiple use, each toilet and shower shall, therefore, be enclosed in a cubicle or protected in some way by a door or curtain.

MH-154.50 LAUNDRY AND SERVICE UNITS

MH-154.50

Suitable and adequate laundry and pressing facilities shall be available for the convenience of resident girls.

Unless a commercial laundry is used, suitable space and equipment shall be provided to launder institutional linens in a safe and efficient manner.

Sinks necessary for the proper performance of maintenance work shall be provided. Kitchen sinks shall not be used for washing of cleaning cloths and mops, for the disposition of scrub water, etc.

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Regulations

BUILDINGS AND GROUNDS

MH-154.72

MH-154.60 STORAGE ROOMS AND CLOSETS

MH-154.60

In addition to the storage space available in sleeping rooms, adequate storage space of the following types shall be provided:

1. Storage rooms close to the kitchen, for food bought in quantity. Such rooms must provide protection from mold, insects and rodents.
2. Storage rooms or closets for linen.
3. Storage closets for cleaning equipment and supplies.
4. Storage space for supplies and equipment used by maintenance and yardmen.
5. Storage space for luggage, outdoor or extra furniture, equipment, etc.
6. Lockers or other available space for the safekeeping of work clothing, street clothing and personal belongings of nonresident staff. (Also a requirement of the State Department of Industrial Relations.)

MH-154.70 STAFF FACILITIES

MH-154.70

MH-154.71 RESTROOMS

MH-154.71

An adequate number of restrooms for employees and guests shall be provided.

Restrooms designated for staff use shall be equipped with a comfortable couch, and shall meet all other requirements established by the State Department of Industrial Relations.

Wash basins, toilets and necessary supplies shall be available in all restrooms.

MH-154.72 STAFF QUARTERS

MH-154.72

Bedrooms for resident staff shall meet the requirements for sleeping rooms of girls in residence.

Private bath and toilet facilities reserved for the use of resident staff must be provided adjacent to, or near their bedrooms.

Rooms provided for resident staff on call in a supervisory or counseling capacity shall be close to the rooms of the resident girls to insure the availability of an adult when a girl becomes emotionally disturbed or labor begins outside the regular working hours of professional staff.

CALIFORNIA-SDSW-MANUAL-MH

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Regulations

ADMISSION POLICIES AND PROCEDURES

MH-16

MH-160 BASIC REQUIREMENTS

MH-160

Each maternity home shall define the requirements for admission and the procedures to be used in determining eligibility to service.

If services are provided for girls not accepted for resident care, the factors which govern eligibility to these services shall also be defined.

These statements shall govern (1) acceptance of applications and (2) interpretation of the maternity home program to girls requesting service, to other agencies and individuals attempting to locate a resource for a particular girl, and to the general public.

MH-163 APPLICATION OF FEE SCHEDULE

MH-163

Each maternity home shall define the way in which the fee schedule required by Section MH-138 is to be used by the casework staff in determining the amount of reimbursement which each girl will be expected to make for the services she receives.

MH-164 USE OF A SOCIAL SERVICE EXCHANGE

MH-164

Each maternity home shall establish written procedure to govern the practice of staff in use of a Social Service Exchange.

MH-165 INTERAGENCY REFERRAL AND COORDINATION OF SERVICE

MH-165

Each maternity home shall establish written procedure to govern the practice of staff (1) in referring pregnant girls and unmarried mothers to other social agencies and health facilities and (2) in defining the general nature of the service the maternity home will give when another agency is providing simultaneous or subsequent service.

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Regulations

CASEWORK SERVICES

MH-171

MH-170 BASIC REQUIREMENT

MH-170

Every maternity home shall make casework service available to each girl considering use of its services or accepted for service.

The casework program shall be designed to help a pregnant girl:

1. Secure the individualized services necessary to meet her current needs.
2. Achieve a more mature, satisfying and socially acceptable way of life.
3. Develop a plan for her baby which will promote his optimum development.

MH-171 INTAKE PROCESS

MH-171

Each maternity home shall make provision for an intake service which includes the following:

1. An information service available to any pregnant girl and to any person or agency interested in her welfare which will explain:
 - a. The services of the maternity home, the conditions under which needed services can be made available and the confidential nature of any information obtained by the maternity home.
 - b. The services of any other agency that may seem more appropriate.
2. An initial interview, promptly arranged, with each pregnant girl interested in possible use of any service provided by the maternity home.
3. Any additional interviews with a girl, necessary to (a) help her decide whether she wishes to use the services of the maternity home and if so, the kind of service which will best meet her needs (i.e., resident care, nonresident living arrangements and/or outpatient services) or (b) determine her eligibility for service.
4. Other interviews which a girl may request or agree would be helpful. These may be interviews with her parents, the alleged father, physician, attorney, etc. When indicated, they may also include conferences with other staff in the maternity home and/or contacts with another agency to determine whether needed services can be made available and if so, under what conditions.
5. Decision about whether a girl who wishes the service of the maternity home can be accepted for care, and if so, the point at which the requested service can be initiated.
6. Development of appropriate arrangements for admission or initiation of service for girls accepted for care.

CALIFORNIA-SDSW-MANUAL- MH

Issue 17-1

Effective 10/1/60

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

MH-172

CASEWORK SERVICES

Regulations

MH-172 CONTINUING CASEWORK SERVICE

MH-172

Continuing casework with a girl accepted for residential care or outpatient service shall be designed:

1. To maintain a supportive relationship which can help her face the realities of her situation and utilize available resources.
2. To help her express and understand her feelings about her pregnancy, the father of her child, the child, and her relationships with key people in her life.
3. When appropriate, to help her understand any pre-existing problems which may have precipitated her pregnancy, or complicate her present situation.
4. When indicated and the girl consents, to help her family and/or the father of her child to understand their feelings about her pregnancy and how best to help her.
5. To help her attain feelings of self-respect and self-worth, more satisfying relationships with others, and better capacity to use her strengths for constructive living.
6. To help her make a sound plan for her own future and take any steps now possible toward carrying out this plan.
7. To help her reach a decision about a suitable plan for her child (if possible, by the time of his birth or shortly thereafter) and to take steps toward carrying out this plan.
8. To identify her need for special services and to coordinate the resources of the maternity home and the community to meet her individual needs.

MH-176 USE OF NONRESIDENT LIVING ARRANGEMENTS - BASIC REQUIREMENTS

MH-176

Each maternity home shall define clearly, the responsibility its staff will assume in helping a pregnant girl or unmarried mother to make arrangements to live outside the maternity home.

If the maternity home assumes any direct responsibility for developing plans for girls to live in wage homes and/or foster homes, this service shall be provided by qualified casework staff and shall conform to the requirements listed in Secs. MH-176.10 and MH-176.20.

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Regulations

CASEWORK SERVICES

MH-176.10

MH-176.10 STUDY OF FOSTER HOMES AND WAGE HOMES

MH-176.10

A maternity home which assumes responsibility for recruiting wage homes and/or foster homes shall make a careful study of each such home before entering into any plans for its use. This requirement is applicable even when a "free home" will be provided or a home made available in return for services rendered.

The process through which the maternity home determines the ability of applicants to meet the needs of the girls served shall include the following steps:

1. Application Interview

This interview shall have as its objective, the sharing of information which will (a) permit the applicants to determine whether they wish to engage in a study of their home and (b) allow the caseworker to make a tentative decision as to whether the home could meet the needs of a girl served by the maternity home.

2. Home Visits

One or more home visits shall be made to become acquainted with all members of the family, evaluate the physical facilities and gain an understanding of what it would be like for a pregnant girl or unmarried mother to live in this home.

3. Contacts with Collateral Sources

These contacts shall include appropriate methods to insure the absence of communicable disease.

4. Evaluation of Findings

When all needed information has been secured, the findings shall be evaluated to determine the suitability of the home for the care of a pregnant girl or unmarried mother.

No home shall be approved for use when there is indication a pregnant girl or unmarried mother (a) might be exploited for her services; (b) is desired in the hope of securing a child for adoption (by the applicants, their relatives or friends) or (c) is wanted to fulfill an abnormal emotional need, or to contribute to the happiness of any member of the family in a manner detrimental to the girl's welfare.

Wage homes shall be rejected when the applicants will not (a) provide suitable compensation for service rendered; (b) allow adequate "time off" to permit a girl to keep appointments at the maternity home for casework interviews and medical examinations, and (c) share the objectives of the maternity home.

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MH-176.20

CASEWORK SERVICES

Regulations

MH-176.20 PLACEMENT SERVICE

MH-176.20

A maternity home which accepts responsibility for developing plans for older pregnant girls or unmarried mothers to live in family foster homes or wage homes, must provide a responsible placement service geared to meet the needs of the individuals served. (A maternity home cannot assume responsibility for the selection of a nonresident living arrangement for any girl less than 16 years of age, or for the placement of any infant.)

In providing a placement service, it shall be the responsibility of the caseworker:

1. To find a foster home or wage home suited to the individual needs of the girl or woman.
2. To help the girl understand what it will be like for her to live in this particular home, and what will be expected of her.
3. To participate in the placement process.
4. To stand by and provide supportive help as the girl finds her place in the home selected for her.
5. To carry responsibility directly or indirectly for her well-being while she remains in the home selected for her.
6. To make available to her the same quality of casework service provided for girls resident in the maternity home.
7. To coordinate and facilitate her use of other services provided by the maternity home.
8. To facilitate her constructive use of this experience by maintaining a continuing relationship with her foster parents to help them understand the girl's needs, her physical and emotional condition and the plans for her future care.

MH-177 DISCHARGE AND POST-DISCHARGE SERVICES

MH-177

Each maternity home shall define in general terms, the usual point at which casework services will be terminated.

CALIFORNIA-SDSW-MANUAL-MH

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(Pursuant to Government Code Section 11380.1)

Regulations

PSYCHIATRIC AND PSYCHOLOGICAL SERVICES

MH-182

MH-180 GENERAL REQUIREMENTS

MH-180

Each maternity home shall develop some arrangement to insure that necessary psychiatric and psychological services will be available for girls accepted for service.

A maternity home which does not employ a psychiatrist and a psychologist with the qualifications required by Secs. MH-142.71 and MH-142.72 shall make certain that any needed psychiatric and psychological service will be provided by a child guidance or mental hygiene clinic, or some other agency which has staff meeting these qualifications.

MH-182 PSYCHIATRIC SERVICE

MH-182

The following psychiatric services shall be available when needed:

1. Diagnostic interviews with any girl whose behavior or evident emotional conflict indicates need for psychiatric help in formulating plans for casework treatment and/or the future care of the girl and her child.

For each girl interviewed, the service given by the psychiatrist shall include an interpretation of relevant material to the casework staff, and assistance in formulating plans for treatment or for future care of the girl or her child.

2. Treatment of any girl whose emotional disturbance is so great that she is unable to use casework help in developing an effective plan for her future or that of her baby.

A maternity home employing casework staff shall also make regular psychiatric consultation available to that staff.

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(Pursuant to Government Code Section 11380.1)

MH-183

PSYCHIATRIC AND PSYCHOLOGICAL SERVICES

Regulations

MH-183 PSYCHOLOGICAL SERVICE

MH-183

The services of a psychologist shall be available to the casework staff whenever information about the mental equipment of a pregnant girl or unmarried mother is essential to the development of (1) an appropriate plan of treatment and/or (2) suitable educational and vocational plans.

Any arrangements made with a qualified psychologist or mental hygiene clinic shall include provision for:

1. Written reports which interpret the results of tests given, evaluate the validity of the test results, and make recommendations in accordance with the reason for referral.
2. Any consultation with the casework staff needed to supplement the written report and interpret the significance of tests or other information secured.

Whenever a girl is referred for testing, the casework staff shall provide the psychologist with a brief written summary which (1) explains the reason for referral, (2) gives identifying data and (3) includes sufficient social history to provide a basis for evaluating the validity of the test results.

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Issue 18-2

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CONTINUATION SHEET
 R FILING ADMINISTRATIVE REGULATIONS
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 (Pursuant to Government Code Section 11380.1)

Regulations

CASE RECORDS

MH-191

MH-190 BASIC REQUIREMENT

MH-190

Each maternity home shall establish and maintain an adequate record for each girl who requests its services or is referred by another person or agency.

MH-191 CONTENT OF CASE RECORDS

MH-191

Case records of girls accepted for service shall include the following material:

1. Face sheet information: full name, birth date, address, race, religion, education, occupation; names and addresses of parents and other relatives if known; name and address of alleged father if known; legal custody if applicant is minor; and name of any referring agency.
2. Other identifying information which may be of value in later years (i.e., appearance and characteristics of the girl and the alleged father; significant background information, etc.).
3. The intake process, promptly recorded, with whatever appears important for diagnosis and treatment included.
4. Selective recording of diagnostically significant information obtained in casework interviews with the individual girl, her parents, the father of her child and other individuals concerned with her welfare.
5. Brief recording of diagnostically significant information received from other persons about the behavior, adjustment and plans of the girl, and events which have importance for her and her baby.
6. Reports or summaries of physical examinations and psychological tests, if given.
7. Summary recording of case conferences held with other members of the staff and with representatives of other agencies, including all recommendations made for care and treatment of the girl or her baby.
8. Information regarding the baby, including the date of delivery; information about the delivery experience; the name, sex and health of the baby; and any information relative to significant events, such as baptism, etc.
9. Correspondence of permanent value, referral summaries, financial and other agreements, etc.

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CALIFORNIA-SDSW-MANUAL- MH

Issue 19-1

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CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

MH-192

CASE RECORDS

Regulations

MH-192

PROTECTION OF CASE RECORDS

MH-192

Case records shall be kept in a locked file available to members of the professional staff only.

Great care shall be taken to impress on all members of the staff, the confidential nature of case records.

While in current use, medical records may be maintained separately for the convenience of medical and nursing staff. After a girl and her child are discharged, however, these records must be placed in the case record to form a complete history of the maternity home's contact.

MH-193

RETENTION OF CASE RECORDS

MH-193

The maternity home shall keep permanently all case record material which contains identifying information or social or medical history regarding each mother and child unless it has verified the fact that legal adoption has been completed, and that the same information is available in the adoption record. Even then, the maternity home must permanently retain identifying information, the dates of service, the name and address of the agency which handled the adoption and whether it was an independent or relinquishment adoption.

DO NOT WRITE IN THIS SPACE

CALIFORNIA-SDSW-MANUAL-MH

Issue 19-2

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CONTINUATION SHEET
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(Pursuant to Government Code Section 11380.1)

Regulations

RESIDENT PROGRAM

MH-200

MH-200

BASIC REQUIREMENTS

MH-200

The resident program shall have the following objectives:

1. To provide a setting which will facilitate use of professional services designed (a) to meet emotional, medical, spiritual, educational and recreational needs during pregnancy; (b) to prepare the girls served for a more mature, emotionally satisfying and socially acceptable way of living and (c) to provide for their babies the services necessary to protect their rights and promote their optimum development.
2. To provide an experience of living with other girls with similar problems which can alleviate guilt, decrease hostility, increase self-esteem and self-understanding and provide an opportunity for companionship, and for participation and self-expression in group activities.
3. To make possible (a) a process of daily association with staff possessing qualities worthy of emulation; (b) an opportunity to develop satisfying relationships with adults who are well-adjusted in their own lives and (c) a means by which daily living experiences can be used to foster the personality growth of individual girls.
4. To provide an environment which will insure comfortable shelter, appropriate food, privacy, security, relaxation and freedom from pressures, with simultaneous opportunity for optimum self-direction, self-responsibility and self-determination.

Each maternity home shall define the methods and procedures to be used by staff in implementing these objectives.

House Rules established to govern the activities of girls accepted for resident care shall also reflect these objectives. (See Sec. MH-203.10 - Handbook.)

Any practice not in conformity with the spirit of these objectives (censorship of mail; prohibition against a girl's use of her own room during "free time"; undue restriction of freedom to leave the grounds or to receive visitors, etc.) violates the requirements of this section.

CALIFORNIA-SDSW-MANUAL-MH

Issue 20-1

Effective 10/1/6

DO NOT WRITE IN THIS SPACE

Regulations

MH-201

MH-202

MH-204

3. The extent to which an unmarried mother will participate in the program of group living when she returns to the residential quarters with her baby.

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CONTINUATION SHEET
 FILING ADMINISTRATIVE REGULATIONS
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 (Pursuant to Government Code Section 11380.1)

Regulations

MEDICAL AND NURSING CARE

MH-211

MH-210 GENERAL REQUIREMENTS

MH-210

When a maternity home maintains a hospital unit, the equipment, personnel and quality of service provided in that unit shall meet fully the standards established by the State Department of Public Health. A current license for the hospital unit, issued by the State Department of Public Health, must be in effect.

If the maternity home does not have a hospital unit, arrangements must be made to secure appropriate medical and nursing services from (1) hospitals licensed by the State Department of Public Health; (2) hospitals which meet the standards established by the State Department of Public Health, if exempt by law from the licensing jurisdiction of that department and/or (3) professional persons who can meet the qualifications established for the medical and nursing staff employed by a maternity home. (See Sec. MH-144.30 - 144.43.)

Regardless of the source from which necessary medical and nursing care is secured, each maternity home shall insure the availability of the services listed in this chapter.

MH-211 ADMISSION EXAMINATION

MH-211

The practice of each maternity home shall meet the following requirements:

1. The medical and obstetrical history of each pregnant girl accepted for care shall be secured and recorded as soon as possible.

When prior medical care has been received during pregnancy, a report from the examining physician must be obtained if possible. (An exception may occur when current examination indicates that such a report would be of no value.)

2. A complete examination of each girl accepted for care shall be made by medical staff serving the maternity home, and results recorded in her medical record.

When a girl's need for resident care is emergent and immediate arrangements for a complete medical examination cannot be made, a physician or nurse shall determine whether she has a communicable infection of any type. When admission occurs under these circumstances, a complete medical examination must be made as soon as practical.

3. Proper safeguards shall be established to protect the health of other girls in residence whenever a girl is admitted to the maternity home prior to (a) the completion of a complete medical examination, (b) the receipt of reports on laboratory tests for communicable diseases or (c) the provision of any treatment necessary to insure the absence of communicable infection.

CONTINUATION SHEET
 FILING ADMINISTRATIVE REGULATIONS
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 (Pursuant to Government Code Section 11380.1)

MH-212

MEDICAL AND NURSING CARE

Regulations

MH-212 PRENATAL CARE

MH-212

Provision shall be made for the following services:

1. Dental examination and any repair, extraction or treatment necessary to insure good health during pregnancy.
2. Regular examinations during pregnancy, in accordance with standards established by the American Medical Association.
3. Treatment when any abnormal condition in pregnancy is detected; consultation with specialists when indicated; and development of special arrangements for delivery whenever it is evident that unusual precaution or special procedures will be required.
4. A process through which the appropriate physician shares with other members of the staff (specialists, a caseworker and/or supervising nurse), his recommendations for individual girls as they relate to diet, exercise, rest, specialized treatment, work assignments, plans for delivery, discharge, post-discharge medical care, etc., in order that joint planning and decision can occur, and the total service of the maternity home can be coordinated.
5. A process through which significant changes in the physical and emotional condition of a pregnant girl are reported to the appropriate physician and/or caseworker by the resident nurse or another member of the resident staff.
6. Appropriate medical and nursing care when illness or symptoms of abnormality unrelated to the condition of pregnancy develop. Such care must include arrangements for isolation whenever infection is present or suspected, and for admission to the hospital unit or to an "outside" hospital when this step is necessary.
7. Interpretation of the hygiene of pregnancy, the physiological changes which occur, the events and the procedures used in examination and delivery, the importance of proper diet and nutrition, etc.
8. Supportive help in facing the experience of childbirth at the onset of labor and whenever needed in prior periods. (Such help will customarily be provided by a resident nurse and/or a caseworker in accordance with their defined functions.)
9. Prompt arrangement for admission to the hospital unit or another hospital facility at the onset of labor.

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CALIFORNIA-SDSW-MANUAL-MH

Issue 21-2

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Regulations

MEDICAL AND NURSING CARE

MH-214

MH-213 DELIVERY

MH-213

Information about the delivery experience, plans for discharge and recommendations for the future care of the unmarried mother and her baby shall be shared with the appropriate caseworker in the maternity home.

If the maternity home does not maintain a hospital unit, the working agreement developed with a community hospital must insure that this information will be transmitted to an appropriate person in the maternity home. (The executive, nurse or physician responsible for the medical program may be designated to receive this information for transmittal to the caseworker.)

MH-214 POST-PARTUM CARE

MH-214

Each maternity home shall take appropriate action to insure that:

1. No mother will be required to see, feed or care for her baby in the maternity home, unless this is her expressed desire, and that no mother will be deprived of these experiences if she requests them.
2. The final plan for the care of a baby results from the mother's own decision (although the help of a caseworker will be available to her), and that no member of the staff will exert direct or indirect pressure on any mother to keep or to release her baby for adoption.
3. No mother will be required to remain in either the hospital unit or the residential quarters of the maternity home for any specified period, and that the date of discharge recommended will be the joint decision of the attending physician and the caseworker, based upon the mother's physical condition, her own wishes, and the plans developed for her future care and that of her baby.
4. Appropriate care will be available for any mother discharged from a hospital or hospital unit, until such time as she can regain her strength and can make plans for other living arrangements.
5. Any mother planning to keep her baby or requesting additional time to make a decision in this regard, can obtain for herself and her baby, appropriate care, medical supervision, treatment and instruction in proper methods of infant care in the residential quarters of the maternity home (or in another facility operated for this purpose) for the period of time required to implement her plans for the baby's care. (For some girls, the caseworker may need to establish reasonable time limits in regard to the duration of such care.)
6. A complete medical examination and any needed medical counseling and/or treatment is made available to any mother wishing to use this service within a six week period following delivery.

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MH-215

MEDICAL AND NURSING CARE

Regulations

MH-215

CARE OF INFANTS

MH-215

The care provided for infants shall meet the following requirements:

1. Care in a nursery for the newborn shall meet the standards established by the State Department of Public Health.
2. Every baby shall be held by a nurse or attendant while being fed unless the infant is taken to his mother for feeding purposes. Adequate time for sucking must be allowed. If the infant is not receiving care from his mother, it shall be the assigned responsibility of a nurse or nurse's aide to hold and give attention and affection to each baby at regular intervals. To the extent possible, a baby shall be fed and held by the same person throughout the period of his care in the maternity home.
3. Provision shall be made for the usual removal of well babies from the newborn nursery, on or before the tenth day of life, with the expectation that babies to be placed in foster homes will be removed by the appropriate child placing agency before the expiration of this period, and that babies who will remain with their mothers will be transferred to a facility in which their mothers can assume total or partial responsibility for their care.
4. Medical supervision shall be provided for all infants not receiving care in a nursery for the newborn and appropriate medical treatment given to any infant who shows symptoms of illness or physical abnormality.

Such supervision must include (a) issuance of orders for feeding and for the preparation of formulae and (b) development of arrangements for the isolation of any infant in residence who is found to have or is suspected of having, a communicable condition.
5. The appropriate physician shall share with the caseworker, his recommendations and evaluations relative to each infant (desired changes in the feeding plan; physical and mental condition of the baby; recommended discharge date; post-discharge medical care; etc.) in order that joint planning and decision can occur.
6. Infants not receiving care in a nursery for the newborn shall be supervised by a registered nurse who will also assume responsibility for helping their mothers to practice proper methods of infant care, and for referring to the appropriate physician, any infant whose progress or development is not satisfactory.

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Regulations

MEDICAL AND NURSING CARE

MH-217

MH-216 MEDICAL AND NURSING RECORDS

MH-216

Medical and nursing staff shall establish and maintain the following records:

1. A medical record for each pregnant girl or unmarried mother who received a medical service from the maternity home. This record shall include her health history before and after acceptance for care and a record of the medical and nursing care received.
2. A complete medical record and health history for each infant born in or brought to, the maternity home. This shall include duration of labor; type of delivery (and whether an instrument delivery); whether baby received oxygen and if so, for how long, and any other significant information regarding labor, delivery, medication and medical care while in the maternity home.

MH-217 BIRTH REGISTRATION

MH-217

For all infants born in the maternity home, the physician in attendance shall complete the birth certificate required by Chapter 3 of Division 9 of the Health and Safety Code, and cause the required form to be filed with the appropriate registrar of vital statistics.

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Issue 21-5

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(Pursuant to Government Code Section 11380.1)

Regulations

NUTRITION, CLOTHING AND PERSONAL NEEDS

MH-220

MH-220 NUTRITION

MH-220

Food for proper nutrition during pregnancy shall be made available to safeguard the health of every pregnant woman, and insure the normal development, safe delivery and survival of each infant.

Proper nutrition shall be insured through provision for:

1. Funds adequate to provide a prenatal diet rich in protein, minerals and vitamins.
2. Meals which are (a) properly balanced to meet the food requirements of the girls in residence, (b) well prepared, (c) cooked immediately before serving and (d) attractively served, at hours normal for family groups. If the heartiest meal is served at noon, breakfast and supper must also be well planned, complete meals.
3. Housekeeping staff sufficient in number, knowledge, experience and hours of employment to insure that (a) each meal will meet the above requirements, (b) special diets will be prepared in accordance with the recommendations of physicians and (c) any need for consultation with a professionally qualified dietician will be recognized and the service requested and used.
4. Staff appreciation of the emotional significance of food, and a willingness to utilize a team approach in developing a total treatment plan for pregnant girls and unmarried mothers whose behavior in relation to food indicates the presence of emotional problems. The development of treatment plans of this type must be insured through frequent staff conferences and through an in-service training program for all members of the staff.

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Issue 22-1

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FOR FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)

Regulation

RECREATION

MH-230

MH-230 BASIC REQUIREMENT

MH-230

The daily program shall be planned to insure that the following needs will be met for each girl:

1. The need for privacy, relaxation, and time to "take stock" in assessing the past and developing plans for the future.
2. The need for group activities which will provide group acceptance, recognition, and a sense of "belonging;" facilitate satisfying social relationships and a capacity to get along with other people; and develop new creative skills and leisure-time interests.
3. The need to retain maximum control of their own lives and to develop an increased capacity for self-direction and self-responsibility.

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FOR FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)

Regulations

EDUCATION

MH-243

MH-240 BASIC REQUIREMENTS

MH-240

Each maternity home shall provide academic instruction, informal educational activities and help in securing any needed vocational guidance and training. (Health instruction is also required by Sec. MH-212.)

MH-242 ACADEMIC INSTRUCTION

MH-242

Each maternity home shall make all possible effort to develop with the appropriate school district, some arrangement to insure that credit will be given for academic work completed at the maternity home.

MH-243 INFORMAL EDUCATIONAL ACTIVITIES

MH-243

The program of informal educational activities shall be designed to serve the following purposes:

1. To make a girl's stay in the maternity home as interesting as possible.
2. To make available to each girl, information and skills which may prove useful in the future.
3. To provide constructive group experiences for each girl.

Opportunity for a choice of activities shall be provided and each girl permitted to make decision as to whether she will or will not participate in the program offered.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)
State of California

EDMUND G. BROWN
Governor

W&IC 115, 116

DEPARTMENT OF SOCIAL WELFARE

722 Capitol Avenue
Sacramento 14

August 30, 1960

DEPARTMENT BULLETIN NO. 590 (STAT)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS

Subject: Study of Social Characteristics,
Incomes, and Requirements of
Recipients of OAS

Periodically the Department of Health, Education and Welfare requires the various states to survey recipients of Old Age Security. The last such study was conducted in 1953. The current study of recipients of Old Age Security, the content of which is dictated by the requirements of HEW and the needs of this department for the 1961 legislative session, will be of greater value than usual. It will make possible comparisons of data on Old Age Security recipients with data gathered on California's total aged population by the 1960 census. Moreover, since the HEW study is required of all states, comparisons of California's OAS recipients with those of other states will also be possible.

The current study, entitled "Study of Social Characteristics, Incomes, and Requirements of Recipients of OAS," will be conducted on approximately one percent of the caseload. With the exception of married recipients for whom there are special sampling instructions, schedules (Form Temp 405 Ag) shall be completed on all cases with state numbers ending in 22 active in July 1960, in accordance with "Instructions for Form Temp 405 Ag, Study of Social Characteristics, Incomes, and Requirements of Recipients of OAS."

Completed schedules shall be transmitted to reach the State Department of Social Welfare, 722 Capitol Avenue, by October 10, 1960.

A supply of schedules and instructions will be forwarded to each county.

This bulletin shall cease to be effective after October 31, 1960.

These Regulations are designated to become effective OCT 1 1960

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

State of California

Department of Social Welfare

INSTRUCTIONS FOR
STUDY OF SOCIAL CHARACTERISTICS, INCOMES, AND
REQUIREMENTS OF RECIPIENTS OF OLD AGE SECURITY
JULY 1960

FORM TEMP 405 AG

Purpose of Study

In addition to meeting requirements of the Department of Health, Education and Welfare this study will supply current information about recipients of Old Age Security that will be useful for purposes of policy formulation, for evaluating and interpreting the program, and for preparing analyses for the 1961 legislative sessions. Because of the timing of the study, the data provided will be useful in comparing characteristics of recipients of old age assistance with the characteristics of the total aged population obtained by the 1960 Census of Population and Housing.

Content of Study

Information to be obtained through the survey include:

1. Personal characteristics of recipients
2. Housing characteristics
3. Income, needs, assistance payments, and unmet need.

Recipients to be Covered by Study

In general, the study will include recipients of money payments and recipients who do not receive money payments but who are in institutions on the first day of July (or who entered institutions later in July if new cases) and for whom payments have been, or will be, made to the institutions for the institutional care. Recipients whose grant for July was reduced to "zero" to adjust for a prior month's overpayment or whose July warrant is still suspended at the time of completion of the schedule will not be included.

Complete Form Temp 405 Ag for cases eligible for OAS in July 1960, excepting "zero grant" cases, as follows:

1. Unmarried recipients and married recipients whose spouses do not receive OAS.

Prepare a schedule for each recipient whose state number ends in 22.

2. Couples - both recipients of OAS.

If the husband's state number ends in 22, prepare separate schedules for both the husband and the wife whether her state number ends in 22 or some other number. (See "General Instructions" for submittal procedures for these cases.)

If only the wife's state number ends in 22 (i.e., the husband's state number ends in numbers other than 22) do not prepare a schedule for her or for her husband.

Form Temp 405 Ag

DO NOT WRITE IN THIS SPACE

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(Pursuant to Government Code Section 11380.1)

Source of Data

The case record, including the face sheet, budget forms, and related documents, will be the principal sources of data. The schedule includes some items for which specific information may not always be included in the case record. Counties may wish to have workers make some home visits or telephone calls when it is not possible to complete these items from the record or from the worker's knowledge of the situation.

Submission of Schedules

Send completed schedules, with transmittal list, to Research and Statistics, State Department of Social Welfare, 722 Capitol Avenue, Sacramento 14, California, so as to arrive by October 10, 1960.

General Instructions

1. In general, data should reflect the situation of the recipient in July 1960, as known at the time of completion of the schedule. However, if the recipient changed his living arrangement during July, disregard subsequent changes related to living arrangements. This instruction may affect reporting on needs, income, and grant in addition to the items on housing and living arrangements.
2. Allowable needs of recipients should be reported whether the recipient has income to meet them or not.
3. Schedules for married couples, both recipients of OAS, should be stapled together with the husband's schedule on top. (Federal instructions require matching of husband and wife data.)
4. Since this study is primarily a federal study, it is of particular importance to review instruction for individual items before completing the form. Some definitions and concepts differ from those used in previous studies.
5. Complete all items on the schedule. If an item is not applicable, enter a dash. If the information is not known, write in "unk." unless a check box is provided.

Instructions for Items

Item 1. County - Enter the name of the county.

Item 2. State Number - Enter the complete state number.

Item 3. Case Name - Enter the recipient's name.

Item 4. Schedule Number - For state use.

Item 5. Date of Birth - Enter both month and year of birth, if known. Otherwise, enter year of birth. If exact year is not known, enter estimated year and add "est."

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Item 6. Date of Most Recent Opening - The purpose of this item is to determine the length of time the recipient has received OAS since the most recent opening of the case. Enter the month and year of the most recent opening for OAS but disregard a discontinuance of aid for three months or less. In the latter instance, enter the most recent prior opening for OAS.

Item 7. Place of Residence - This item is designed to provide data as to the number of recipients living in urban and rural communities and on farms. Such data will permit measurement of urban-rural differences.

In most instances a "place" of the specified size will be an incorporated city, town or village. In some instances, however, a "place" may be an area that is socially and economically integrated, thus having the general characteristics of a city, town, or village, even though unincorporated.

In Metropolitan County

If the recipient lives in one of the metropolitan counties listed below, use one of the boxes numbered 01 through 07 to indicate the size or type of place where the recipient lives. See attached list "Population of all Incorporated and Unincorporated Places of 1,000 or More in California."

Metropolitan Counties

Alameda	Orange	San Joaquin
Contra Costa	Riverside	San Mateo
Fresno	Sacramento	Santa Barbara
Kern	San Bernardino	Santa Clara
Los Angeles	San Diego	Solano
Marin	San Francisco	

Code 01. Place of 500,000 or More - Check if recipient lives in one of the counties listed above and in a place having a population of 500,000 or more.

Code 02. Place of 100,000 - 499,999 - Check if recipient lives in one of the counties listed above and in a place with the population falling within these limits.

Code 03. Place of 50,000 - 99,999 - Check if recipient lives in one of the counties listed above and in a place with the population falling within these limits.

Code 04. Place of 10,000 - 49,999 - Check if recipient lives in one of the counties listed above and in a place with the population falling within these limits.

Code 05. Place of 2,500 - 9,999 - Check if recipient lives in one of the counties listed above and in a place with the population falling within these limits.

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Code 06. Other Nonfarm - Check if recipient lives in one of the counties listed above and does not live in a place of 2,500 or more or on a farm as defined in Code 07. This will include recipients living in places of less than 2,500 population (towns, villages, suburban communities, or open country).

Code 07. Farm - Check if recipient lives in one of the counties listed above and lives on a farm. For the 1960 Census of Population and Housing, a farm is defined as (1) ten acres or more from which agricultural products (crops, livestock, and other farm products) valued at \$50 or more were sold in 1959, or (2) fewer than ten acres, but with sales of farm products valued at \$250 or more in 1959.

In Nonmetropolitan County

If the recipient lives in one of the nonmetropolitan counties listed below, check one of the boxes numbered 11 through 15 to indicate the size or type of place where the recipient lives. See attached list "Population of all Incorporated and Unincorporated Places of 1,000 or More in California."

Nonmetropolitan Counties

Alpine	Madera	Shasta
Amador	Mariposa	Sierra
Butte	Mendocino	Siskiyou
Calaveras	Merced	Sonoma
Colusa	Modoc	Stanislaus
Del Norte	Mono	Sutter
El Dorado	Monterey	Tehama
Glenn	Napa	Trinity
Humboldt	Nevada	Tulare
Imperial	Placer	Tuolumne
Inyo	Plumas	Ventura
Kings	San Benito	Yolo
Lake	San Luis Obispo	Yuba
Lassen	Santa Cruz	

Code 11. Place of 10,000 - 49,999 - Check if recipient lives in one of the counties listed above and in a place with a population falling within these limits.

Code 12. Place of 2,500 - 9,999 - Check if recipient lives in one of the counties listed above and in a place with a population falling within these limits.

Code 13. Rural-Farm - Check if recipient lives on a farm in a nonmetropolitan county. See Code 07, above, for definition of a farm.

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Rural-Nonfarm -

Code 14. Place of less than 2,500 - Check if recipient lives in place generally regarded as a town or village and having a population of less than 2,500. Do not use this code if the recipient lives on a farm, even if the farm is located in a place which would otherwise be classified in this item; check Code 13 for such a recipient.

Code 15. Other Rural-Nonfarm - Check if recipient lives in open country or other rural area which is not considered part of a town or village, but does not live on a farm.

Item 8. Sex and Race - Check the code which indicates the sex and race of recipient. The designation of race should be based on what the recipient considers himself to be; if this is unknown, it should be based on the race to which the community regards the recipient as belonging or on the worker's judgment.

Item 9. Marital Status of Recipient and Status of Spouse with Respect to OAS - Recipients who are currently married (and not separated because of estrangement) are to be coded 1, 3, or 4.

Code 1. Spouse Present and Recipient of OAS - Check Code 1 if the spouse shares living arrangements with the recipient, and the spouse receives OAS. Enter spouse's state number. Note: These are some of the cases for which there are special sampling instructions. If the husband's state number ends in 22, prepare separate schedules for him and for his wife whether her state number ends in 22 or not. If the wife's state number ends in 22 and her husband's does not, do not prepare a schedule for either of them. The special sampling instructions also apply to recipients coded 4 (see below) if recipient's spouse also receives OAS.

Code 3. Spouse Present and Not Recipient of OAS - Check Code 3 if the spouse shares living arrangements with the recipient and spouse does not receive OAS.

Code 4. Spouse Not Present - Check if the recipient is currently married but the spouse does not share living arrangements with the recipient, e.g., one spouse is in a public medical institution. See note in Code 1 instructions above for special instructions if spouse is also a recipient of OAS. Do not include here recipients separated from spouse due to estrangement.

Code 5. Widowed - Check if the spouse of the recipient is not living.

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Code 6. Divorced - Check if the recipient and spouse are divorced.

Code 7. Separated - Check if the recipient and spouse are legally separated, are living apart with intentions of obtaining a divorce, or are estranged.

Code 8. Never Married - Check if the recipient has never been married.

Item 10. Mobility and Care from Others - The sources for this item may be medical records, observation of the recipient, information furnished by persons with whom the recipient is living, or a combination of these sources. The code selected should reflect the habitual or usual mobility pattern of the recipient and his need for help from others, but not necessarily the status at the time of last contact. For example, a recipient who is ordinarily capable of activity outside his home but who, when last seen, was confined to bed with a temporary illness, will be classified as "not confined to home."

For recipients in institutions, hotels, rooming houses, etc., consider the recipient's room as his "home" when indicating whether recipient is confined to home, needs care in home, etc.

Confined to home because of physical or mental condition:

Code 1. Bedfast - Check if the recipient is usually confined to bed because of his condition.

Code 2. Chairfast - Check if the recipient is usually confined to chair when not in bed.

Not bedfast or chairfast - Include in this item recipients who are confined to the home but who are not bedfast or chairfast.

Code 3. Needs care from others - Check if the recipient is confined to the home but is not bedfast or chairfast and needs care in personal activities such as eating, dressing, bodily hygiene, walking, or activities affecting personal safety.

Code 4. Does not need care from others - Check if the recipient, although unable to leave his home, does not need care in personal activities as defined above in Code 3.

Not confined to home because of physical or mental condition:

Needs care in home:

Code 5. Needs help to get around outside home - Check if the recipient needs care both in his home and in getting around outside his home.

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Code 6. Does not need help to get around outside home - Check if the recipient needs care in his home but is able to get around outside his home without assistance.

Does not need care in home:

Code 7. Needs help to get around outside home - Check if the recipient does not need care in his home but needs help to get around outside his home.

Code 8. Does not need help to get around outside home - Check if the recipient does not require care either in his home or to get around outside.

Code 9. Unknown - Check if information on mobility and/or care from others is unavailable.

Item 11. Living Arrangement - This item provides information on the types of living quarters occupied by the recipient on the first day of the study month (or date of initial payment if later) and some information concerning the recipient's relationships to other persons (if any) living in the same quarters.

In own home (owned, rented, or free: house, apartment, light-housekeeping room(s), trailer, other)

A recipient (and spouse) is to be considered as "in own home" in the following situations:

- (a) The recipient (and/or spouse) owns the home in which the recipient (and spouse) is living. All recipients in this situation are to be reported as "in own home" regardless of the responsibility assumed for management of the home.
- (b) The recipient lives in rented or free quarters with cooking facilities. The recipient is to be reported as "in own home" if both of the following conditions are met:
 - (1) The cooking facilities are for the exclusive use of the recipient (and related members of the family) or are primarily for his use; and
 - (2) The recipient (and/or spouse) has primary responsibility for management of the home.

A recipient who rents a room with kitchen privileges to another person(s) meets the condition stated in (b)(1) since the kitchen facilities are primarily for the use of the recipient. A recipient who rents or has the use of room(s), with kitchen privileges, in the home of another person does not meet the condition specified in (b)(1) and should be classified in one of the Codes 40-60.

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In applying criterion (b)(2) the worker will decide, on the basis of available information, whether the recipient (and/or spouse) has primary responsibility for the management of the home. If the management of the home rests primarily with persons other than the recipient (or spouse), the case should be classified in one of the Codes 40-60. When recipients share living arrangements, expenses and management of the home with persons other than a spouse, the home is not either the recipient's or the other person's. In these instances, check code 35, Shared Living Arrangement.

In own home:

Code 00. Alone - Check if the recipient lives alone "in own home" as defined above.

Code 10. With spouse only - Check if the spouse of the recipient is the only other person present "in own home."

With other person(s):

Code 20. Spouse present - Check if the spouse of the recipient and one or more related or nonrelated persons are "in own home" of recipient. Related persons may include children of the recipient.

Code 30. Spouse not present - Check if one or more related or nonrelated persons are "in own home" of the recipient but the spouse is not present.

Code 35. Shared Living Arrangement - Check if the recipient shares living arrangements, expenses and management of the home with person(s) other than a spouse.

Code 40. In home of son or daughter - Check if the recipient lives in the home of a son or daughter (natural, step, or adoptive). Include recipients who occupy a room(s) in the home of a son or daughter even though they cook and eat separately.

Code 50. In home of other person - Check if the recipient lives in the home of a related person other than son or daughter. The recipient may or may not cook and eat separately. Also check if the recipient lives in the home of a nonrelated person having the status of roomer, boarder, lodger, or nonpaying guest. Do not check if the number of roomers, boarders or lodgers, including the recipient, is five or more. Such recipients are to be classified under 60.

Code 60. Elsewhere - not in institution - Check if the recipient lives in a hotel, rooming or boarding house (no care received) or in any other type of non-institutional quarters for which Codes 00-50 are not appropriate.

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In "institution": Check one of Codes 70-92 if the recipient resides in, or is a patient in, a public or private institution.

For purposes of this study, an "institution" is defined as an establishment which furnishes food and shelter to more than one person unrelated to the proprietor, and in addition, provides some treatment or services which meet some need beyond basic provisions for food, shelter, and laundry. The following are examples of types of public or private facilities which are to be considered institutions: homes for the aged and infirm, nursing homes, convalescent homes, rehabilitation centers providing in-living facilities, boarding homes for adults which provide personal care and services, and hospitals and infirmaries providing in-living arrangements.

Do not code as "in institution" recipients who are judged as in the institution for temporary medical care only. Such recipients should be coded according to their usual living arrangements.

Code 70. Nursing or convalescent home - Check if the recipient is a resident of a nursing or convalescent home. For purposes of this report, a nursing or convalescent home is defined as a home that provides as a regular service some services for recipients by licensed practitioners or practical nurses. The medical care may be provided by resident staff or by nonresident practitioners on an as-needed basis.

Code 80. Public medical institution - Check if the recipient is a patient in a public medical institution.
 (A-141.10)

Code 81. Other Medical Institution - Check if the recipient is a resident or patient in a medical institution other than a PMI or a nursing or convalescent home. For the purposes of this study, mental hospitals, etc., are not medical institutions.

Code 90. Boarding home licensed by SDSW - Boarding homes are small homes offering service to aged persons similar to that given by a family to an aged parent or relative. Include here only those licensed by the SDSW or its accredited agencies.

Code 91. Institution licensed by SDSW - Institutions licensed by the SDSW are usually larger than boarding homes, or are operated by an organization rather than by a person or couple, or are otherwise "institutional" in character. Operation under the same management of several units at different locations or operation by a person also holding a license from the SDPH or SDMH are considered as making an establishment "institutional in character."

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Code 92. Other - Check if recipient is living in an "institution" other than those listed above.

Item 12. Number of Persons in Household - With the exception of "institutional" cases, Coded 70-92 in Item 11, enter the number of persons in the recipient's household including the recipient.

Item 13. Contributions from Children -

Code 0. No living children - Check if the recipient has no living children.

Code 8. Unknown whether living children - Check if it is unknown whether the recipient has living children.

Code 1. Dependent children only - Check if the only living child(ren) is dependent because of age or physical or mental handicap.

Nondependent children - In codes 2, 4, 5, and 7 consider as children "in same home" with the recipient regardless of whether the home is the recipient's or the child's.

Children contributing to recipient's support - Check one of the Codes 2-4 if the recipient regularly receives contributions from one or more sons or daughters (or from their spouses). The contribution may be in cash (reported in Item 29) or in kind (reported in Item 32). If a son or daughter makes a payment for room and board to the recipient, consider as a contribution only that part of the payment in excess of the cost to the recipient of providing the room and board, i.e., only the part of the payment that is treated as net income in computing the recipient's grant. Occasional gifts by children should not be considered contributions.

Code 2. All live in same home as recipient - Check if contributions were received only from child(ren) living in same home as the recipient.

Code 4. Some live in same home as recipient and some live elsewhere - Check if contributions were received both from child(ren) in the home and child(ren) living elsewhere.

Code 3. All live elsewhere - Check if contributions were received only from child(ren) not living with the recipient.

Children not contributing to recipient's support - Check one of Codes 5-7 if recipient is known to have one or more nondependent children but no contributions were received from any child.

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Code 5. All live in same home as recipient - Check if recipient lives with a child(ren), has no children living elsewhere and no contributions were received.

Code 7. Some living in same home as recipient and some living elsewhere - Check if recipient has one or more children in the home and one or more living elsewhere and no contribution was received from any child.

Code 6. All living elsewhere - Check if all of recipient's children are living elsewhere and none of them are contributing.

Item 14. Receipt of OASDI Benefits

Recipient married (Codes 1-4, Item 9) - The OASDI status to be reported here is for the recipient and his spouse. The spouse may or may not be a recipient of OAS. Include as beneficiaries persons receiving any kind of benefit under the OASDI program.

OASDI benefits received by:

Code 1. Recipient only - Check if the recipient himself (herself) is a beneficiary and the spouse is not a beneficiary.

Code 2. Spouse only - Check if the spouse himself (herself) is a beneficiary and the recipient is not a beneficiary.

Code 3. Both recipient and spouse - Check if both the recipient and spouse are beneficiaries.

Code 4. Neither recipient nor spouse - Check if neither the recipient nor spouse is a beneficiary.

Recipient not married (Codes 5-8, Item 9)

Code 5. Receives OASDI benefits - Check if the recipient is a beneficiary.

Code 6. Does not receive OASDI benefits - Check if the recipient is not a beneficiary.

Item 15. Receipt of Benefits or Pensions Other than OASDI Benefits - This item will provide information regarding the number of recipients having regular cash income (to be reported in Item 29) in the form of benefits or pensions from sources other than OASDI. Such recipients may, or may not, receive OASDI benefits.

Code 0. None - Check if the recipient has no benefits or pensions other than OASDI benefits.

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Code 1. Veteran's benefit only - Check if the recipient has a veteran's benefit but does not have another of the benefits or pensions listed in this item. The veteran's benefit may be based on the service record of the recipient or the recipient may be a survivor or dependent of a veteran.

Code 2. Railroad retirement benefit only - Check if the recipient has a railroad retirement benefit but does not have another benefit or pension listed in this item.

Code 3. Other federally-administered benefit only - Check if the recipient has a benefit from a federally-administered program other than those specified above but does not have another of the benefits or pensions listed in this item. Included are such benefits as Civil Service Retirement, United States Employees Compensation, monthly payments of proceeds of National Life Insurance policies, etc.

Code 4. Other benefit or pension only - Check if the recipient has a benefit or pension exclusive of an OASDI benefit, from a source other than those listed in this item. Such benefits or pensions will include those provided by State and local governments, union retirement plans, private pension plans, etc.

Code 5. More than one type of benefit or pension - Check if the recipient has more than one type of benefit or pension of those listed in this item.

Item 16. Number of Rooms in Household - Enter the number of rooms that constitute the recipient's household. Count the kitchen as a room but exclude the bathroom. Complete only for recipients with living arrangements coded 00-50 in Item 11.

Complete Items 17-22, following, only for recipients with living arrangements coded 00-60 in Item 11 (i.e., only for recipients not living in "institutions").

Item 17. Electric Lights

Code 1. Yes - Check if the room(s) occupied by the recipient are lighted by electricity.

Code 2. No - Check if the room(s) occupied by the recipient are not lighted by electricity.

Code 3. Unknown - Check if information on type of lighting is not available.

Item 18. Ready Access to Telephone

Code 1. Yes - Check if there is a telephone in the recipient's home or one is available for common use in the lobby or hallway of the apartment house or in the rooming or boarding house or other place where the recipient lives.

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Code 2. No - Check if the recipient does not have ready access to a telephone.

Code 3. Unknown - Check if information about a telephone is not available.

Item 19. Refrigeration - A refrigerator or icebox is to be reported whether recipient has exclusive use of the equipment or shares it with others. It may be used during the entire year or only in summer months.

Type of refrigeration:

Code 2. Mechanical - Mechanical refrigerators may be operated by electricity, gas, kerosene, or other source of power. Check if a refrigerator of this type is used.

Code 3. Ice - Check if an icebox cooled by ice is used. The icebox may be a commercial product or may be a makeshift type such as an old trunk or box with a space for a piece of ice and storage space for food.

Code 4. Type unknown - Check if the recipient is known to have the use of a refrigerator or icebox but the type is not known.

Code 5. No refrigeration - Check if neither of the above types of refrigeration is available.

Code 6. Unknown - Check if information about refrigeration is not available.

Item 20. Running Water Available - Water piped from a pressure or gravity system is "piped running water."

In building - Check one of the Codes 1-3 if there is piped running water in the structure in which the recipient lives and this source of supply is available to him.

Code 1. Hot and cold - Check if both hot and cold running water are available.

Code 2. Cold only - Check if only cold running water is available.

Code 3. Unknown - Check if there is running water but no information on whether hot running water is available.

Code 4. Outside building - Check if the only source of running water available to the recipient is from a faucet outside the building in which he lives.

Code 5. No running water - Check if running water is not available to the recipient.

Code 6. Unknown - Check if information about the water supply is not available.

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Item 21. Flush Toilet Available:

Code 1. For exclusive use of household - Check if there is a flush toilet for exclusive use of recipient and other persons sharing living arrangements with him.

Code 2. Shared with another household - Check if a flush toilet is available for use of the recipient and other persons sharing living arrangements with him but its use is shared with another household.

Code 3. Unknown whether shared - Check if a flush toilet is available but information does not indicate whether for exclusive use or whether shared.

Code 4. No flush toilet - Check if no flush toilet is available.

Code 5. Unknown - Check if available information does not indicate whether there is or is not a flush toilet.

Item 22. Heating Equipment and Type of Housing Unit - One of the Codes 0-7 will be checked to show, in accordance with the following instructions, (a) the type of heating equipment used and (b) the type of housing unit. Code 8, 9, or X will be checked to show that the recipient has no means of heating his living quarters, or that available information does not indicate the type of heating equipment or whether there is a means of heating. Check appropriate Codes 0-7 according to the following definitions:

Central heating equipment - Central heating equipment includes warm air furnaces and furnaces heating by means of piped steam or hot water. Warm air furnaces include piped and pipeless furnaces as well as floor or wall furnaces. Piped steam and hot water systems include radiant, panel, and baseboard heating systems radiation.

Other types of heating equipment - Other types of heating equipment include fireplaces, flue connected heating stoves, gas heaters, portable electric or kerosene heaters, and stoves and ranges used primarily for cooking but also serving as the major source of heating.

Housing unit - The basic definition of a housing unit for the 1960 Census is that it must have either (1) direct access (separate entrance) or (2) kitchen or cooking equipment for exclusive use. These criteria will be used in classifying housing units of recipients.

House - A house is a structure primarily intended for use by one family or household. It has both direct access and kitchen or cooking equipment and either stands by itself with open space on all sides or has vertical walls dividing it completely from all other structures.

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Apartment - Apartments or flats are housing units located "in regular apartment houses" with entrance through a common hall or lobby, or in apartments with direct access. Separate living quarters in a converted house or other structure are also to be classified as apartments if they meet the criteria for a "housing unit," i.e., separate entrance or exclusive use of kitchen equipment.

Light housekeeping rooms - These are housing units consisting of one or more rooms without a kitchen or kitchenette but with exclusive use of some type of cooking equipment, e.g., a hot plate, gas ring, or other device. In some instances a coal or wood-burning stove may be used for both cooking and heating.

Other - Recipients living in rooming or boarding houses, hotels, or other types of housing not specified above will be classified as living in "other type of housing unit." This classification will include a recipient living in a rented room with kitchen privileges.

Code 8. Type of heating equipment unknown - Check if it is known that the recipient's living quarters are heated but the type of heating equipment is unknown.

Code 9. No heating equipment - Check if it is known that the recipient's living quarters have no heating equipment.

Code X. Unknown whether heating equipment - Check if available information does not indicate whether there is any equipment for heating the recipient's living quarters.

Complete Items 23 and 24 only for recipients coded 00-30 in Item 11 (in own home) and also Code 0 or Code 4 in Item 22 (living in a house).

Item 23. Fuel Used for Space Heating - Check only one item. If more than one type of fuel is used, select the one representing the largest proportion of the total fuel cost.

Code 1. Coal or coke - Check if coal or coke is used for heating.

Code 2. Wood - Check if wood is used for heating.

Code 3. Utility gas (piped) - Check if gas piped underground into the structure from a central system is used for heating. The gas may be either natural or manufactured gas.

Code 4. Bottle or tank gas - Bottled gas, usually known by a trade name, is supplied to the consumer in containers (bottles or tanks) which are replaced or filled as needed. Check if this type of fuel is used for heating.

Code 5. Electricity - Check if electricity is used for heating.

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Code 6. Fuel oil, kerosene, etc. - Check if fuel oil, furnace oil distillate oil, kerosene, or other type of liquid fuel is used for heating.

Code 7. Other - Check if a type of fuel, other than those specified above, is used for heating.

Code 8. Unknown type of fuel - Check if there is no information available on type of fuel used.

Item 24. Fuel Used for Cooking - Check one of the Codes 1-8 to indicate the fuel used for cooking following the definitions for Item 23.

Item 25. Real Property - In Section A, check the types of real property owned, or partially owned, by the recipient (and his spouse) which are considered in determining eligibility. Consider as a home any place of abode including trailers and houseboats. When a recipient is holding the proceeds from the sale of real property to purchase a home for his occupancy, check Code 2, Personal Property Proceeds Retained for Home Purchase. Such property should be evaluated as real property having the same assessed value as the property sold. (Section B below)

In Section B, enter the value of the real property checked in Section A. On Line 1, enter assessed value, if available; otherwise, enter one-half of the market value. On Line 2, enter encumbrances of record against the property. Enter the difference between "assessed" and "encumbrances" on Line 3, the "net assessed value."

Item 26. Special Budget Situations - Report the following information for recipients in special budget situations (recipients with special need for board and personal care, for nursing care, or for care in a public medical institution when part or all of the grant is retained for payment to the institution):

Line 1. Total Charge - The charge made by the establishment for support and care of the recipient.

Line 2. Amount of Charge Allowed in Budget - The amount of charge that is allowed in computing the recipient's grant. This may be equal to or less than the total charge. For PMI recipients, the amount allowed is the same as the charge. Do not report these needs in Item 27 below.

Line 3. Other Basic Need - Enter the amount of basic need allowed which is in addition to the amount included in the amount allowed for support and care. This is the amount allowed for basic needs of the recipient which are not provided by the establishment.

Line 4. Other Special Need Allowance - Enter the amount of any other special need allowed (not including that already allowed on Line 2) i.e., special need for eyeglasses, dentures, sickroom equipment, etc. Also report these needs in Items 27 and 28.

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

Line 5. Total Need - Enter the amount of total need considered in computing the grant. This should be the same as the sum of Lines 2, 3, and 4.

Item 27. Type and Amount of Medical Special Need - With the exception of medical special need reported in Line 2, Item 27, report all medical special needs for all recipients whether they have income to meet the need or not. (Medical needs paid from the Medical Care Fund are not considered special needs.) The amount allowed is the charge (cost) to the recipient or the maximum allowance (ceiling), whichever is less.

Item 28. Type and Amount of Nonmedical Special Needs - Report all nonmedical special needs for all recipients whether they have income to meet the need or not.

- a. When the special need is for a basic need item, enter only the amount in excess of the ceiling; do not include the basic need. For example, if a recipient eats all his meals in a restaurant, the proper entry would be \$31.50 (total cost allowed, \$60, minus the basic food allowance of \$28.50).
- b. For recipients with special need for board and room, enter the community rate minus \$55.00.
- c. When the special need has a ceiling, the amount allowed is the cost to the recipient or the ceiling, whichever is less.

Item 29. Cash Income - This item differs in several ways from the usual income item:

1. It refers only to cash income. "In kind" income is to be reported separately in Item 32.
2. For married recipients, when some income is allocated by the recipient to his spouse, two amounts are required for each source of income--the total net income received by the recipient and the income considered in computing the grant.
3. Contributions received by a recipient are divided into two types: voluntary and nonvoluntary.
4. Income from roomers and boarders is to be reported as a contribution in some instances (voluntary or nonvoluntary, depending on the circumstances) or as "net earnings" in other circumstances.

For all except married recipients, report in Column 2 the amount of cash income (excluding assistance) considered in computing the grant; do not report in Column 1. For married recipients report in Column 1 the total net income received by the recipient and in Column 2 the amount considered in computing the grant. The difference in the amounts reported in the two columns is to represent

CONTINUATION SHEET
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the amount (if any) allocated to the spouse. In cases where allocation occurs and more than one source of income is involved, determination of the amount considered in computing the grant must be determined separately for each source of income even though this is not necessary to compute the recipient's budget. Thus if half of the recipient's income is allocated to the spouse, report half of each of his sources of income that are allocable (OASDI, Railroad Retirement, and community income from whatever source) as the amount considered in computing the grant.

For example, if a husband has net earnings of \$50 and \$40 of OASDI, and \$45 of the \$90 is allocated to his spouse (also on OAS and not eligible to an OASDI benefit), on the husband's schedule for net earnings, lines 1 and 11 show \$50 in Column 1 and \$25 in Column 2; for OASDI, lines 7 and 17, show \$40 in Column 1 and \$20 in Column 2. In Columns 1 and 2 on the wife's schedule show \$45 (\$25 from the husband's net earnings; \$20 from his OASDI) as a nonvoluntary cash contribution on Lines 6 and 16.

For purposes of this study a "voluntary contribution" is a contribution which the contributor has no liability to make under the OAS law. Such contributions may be from a spouse, child, friend, agency or organization.

A contribution from a spouse or child is "voluntary" only to the extent that it exceeds the contributor's legal liability under the OAS responsible relative scale. Income which may be allocated from one spouse to another pursuant to Sections 212.51 and 212.53 is not to be considered a voluntary contribution.

A recipient can receive voluntary and nonvoluntary contributions from the same responsible relative. For example, the amount of any cash contribution for which an adult child is liable under the OAS responsible relative scale is a nonvoluntary contribution; any amount contributed for which the child is not liable under the OAS responsible relative scale is a voluntary contribution.

Net income from roomers and boarders (money paid to the recipient beyond the cost to him of providing the room and/or board) is to be reported as "net earnings" if the roomer or boarder is not a responsible relative, and as a contribution (either voluntary or nonvoluntary) if from a responsible relative.

- A. Net Earnings of Recipients - Earnings include wages, or salaries, and net income from business enterprises, boarders or lodgers, or sale of farm products.
- B. Voluntary Cash Contributions from Adult Children - Note that if the child pays room and board to the recipient, the net income to the recipient is considered a contribution, voluntary to the extent it is over the child's liability under the OAS responsible relative scale.

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C. Other Benefits or Pensions - These include Veterans Administration benefits, Railroad Retirement benefits, other federally-administered benefits such as civil service retirement, United States Employees Compensation, and monthly payments of the proceeds of policies. Also to be included are benefits or pensions provided by state and local governments, labor unions, private pension plans, etc.

Item 30. Cash Income Allocated to Spouse - Enter the amount of income, if any, allocated by the recipient to his spouse.

Item 31. For State Use

Item 32. Income in Kind with Money Value Assigned - Enter the total money value that has been assigned to items received in kind and considered as income in the assistance plan.

Item 33. Financial Summary - In the items composing the financial summary if the recipient's living arrangements changed during the month, report data as if his living arrangement on the first day of the month continued throughout the month.

Line 1. Total Need - Enter the total need figure which represents the recipient's total need in July 1960, excluding any change in need related to a change in living arrangements. Include all allowable needs of the recipient, whether his income was adequate to meet them or not. Do not include needs met by the Medical Care Fund.

Line 2. Net Income - Enter the total income figure used in determining the amount of assistance to which the recipient was eligible in July. Do not include changes in income resulting from changes in living arrangements.

Line 3. Assistance to which Eligible - Enter the amount of assistance to which the recipient was eligible for July 1960, based on the total need and net income reported on lines 1 and 2.

Line 4. Overpayment Adjustment - Enter the amount of any previous month's overpayment that was adjusted in July.

Line 5. Grant Including all Supplemental Warrants - Enter the amount of grant paid for the month of July. Include all supplemental warrants issued for July, except those arising from a change in living arrangements during July. Do not include county supplementation.

Line 6. Paid to PMI - Where all or part of the grant is paid to an institution, enter the amount of grant paid (or to be paid) to the institution for the recipient's care in July.

Line 7. Direct to Recipient - Where all or part of the grant is paid to an institution, enter the amount of grant, if any, paid directly to recipient.

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Line 8. County Supplementation: Money Payment to Recipient - Enter the amount of any money payment made from general assistance funds to the recipient to meet in part the total need reported on Line 1.

Line 9. Vendor Payment - Enter the amount of any payment made from general assistance funds on behalf of the recipient to meet in part the total need reported on Line 1.

Line 10. Unmet Need - For state use.

Item 34. Total Income Available - For state use.

Item 35. Total Cash Income - For state use.

Item 36. Was Recipient Contacted to Obtain Information for Completing this Schedule? - Check the appropriate code to indicate that the recipient was, or was not, contacted to obtain information for completing the schedule. This contact may have been in person or by telephone.

Item 37. Responsible Relatives - List spouse and adult children of recipient, whether living in California or elsewhere. If recipient has no responsible relatives, enter "none." For relatives living outside of California, complete only Columns 1 and 2 and 11 through 13. If the "out-of-state" relative is not contributing to the recipient, enter dashes in Columns 11-13.

Col. 1. Relationship to Recipient - Enter the code shown on the bottom of the schedule to indicate the relationship of the relative to the recipient.

Col. 2. Residence - Enter the code shown on the bottom of the schedule to indicate place of residence of the relative.

Col. 3. Marital Status - Enter the code shown on the bottom of schedule to indicate marital status of the relative.

Col. 4. Source of Income - Enter the code or codes shown on the bottom of the schedule to indicate the source(s) of the relative's income. If the relative has earnings and is self-employed, enter Code 1; if employed by others, enter Code 2. Do not consider income from dividends or pensions, etc., as earnings; report this as "other source" of income, Code 4.

Col. 5. Gross Income - Enter the amount of the relative's reported gross income. This is the total amount of the relative's income before any deductions are made. (See definitions 1-3 on Form AG 225 instruction sheet.(1) If the income is

(1) All references to form AG 225 are to the form issued March 1, 1960. If information is on an earlier form, use equivalent items.

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solely from salary or wages and he is not claiming travel or unusual expenses, the source for this item is Line 1 in Section A of Form AG 225.⁽¹⁾ In all other cases it is the sum of the entries in Section G on Line 1, and those following "Gross Income Per Month," also in Section G of Form AG 225.⁽¹⁾

Col. 6. Net Income - Enter the amount of the relative's net income. This is the amount of gross income minus allowable expenses (allowable travel expenses and expenses of income from real or personal property or self-employment). See definition 7 on Form AG 225 instruction sheet.⁽¹⁾ Net income will be the same as gross income if relative has no allowable expenses. In all situations the source for this item is Line 1 in Section A of Form AG 225.⁽¹⁾

Col. 7. Adjusted Net Income - Enter the amount of the relative's adjusted net income. This is the amount of net income less 20 percent allowed in lieu of income tax deductions, personal social security contributions or personal employment insurance taxes. It is the amount of income to which the relative's contribution scale is applied. The source for this item is Section A, Line 3, of Form AG 225.⁽¹⁾

Col. 8. Number of Dependents - Enter the number of persons dependent on the income of relative, including the relative but not the recipient. This information is provided in Section B of Form AG 225.⁽¹⁾

Col. 9. Scale Liability - Enter the amount of the relative's liability as determined by application of the "relative's contribution scale" to his adjusted net income (Column 7) and number of dependents (Column 8).

Col. 10. Fixed Liability - Enter the amount of the relative's liability as fixed by the board of supervisors or its authorized representative. This may be equal to or less than the Scale Liability shown in Column 9.

Col. 11. Amount of Contribution - Enter the amount of the relative's contribution as it is valued in meeting his liability. This may be greater than the entry in Column 12, Value of Contribution to Recipient, if at least part of the relative's contribution is in kind. For example, a contribution of free rent could in some circumstances have a value of \$50 in meeting the relative's obligation and a value of only \$15 income to the recipient.

Col. 12. Value of Contribution to Recipient - Enter the amount of the relative's contribution as it is valued as income to the recipient. This amount will be equal to the amount.

⁽¹⁾ All references to Form AG 225 are to the form issued March 1, 1960. If information is on an earlier form, use equivalent items.

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shown in Column 11 if the contribution is entirely in cash; it may be less than the amount shown in Column 11 when the relative's contribution is in kind.

Col. 13. Indicate whether the relative's contribution is in cash or kind or a combination of these by entering the applicable "Nature of Contribution" code. If no contribution is made, enter "0."

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 1960

OAS: STUDY OF SOCIAL CHARACTERISTICS, INCOMES, AND REQUIREMENTS OF RECIPIENTS

JULY 1960

IDENTIFICATION

1. COUNTY _____
2. STATE NUMBER _____
3. NAME _____
4. SCHEDULE NUMBER _____

FOR STATE USE

5. DATE OF BIRTH _____

MONTH YEAR

6. DATE OF MOST RECENT OPENING _____

MONTH YEAR

7. PLACE OF RESIDENCE

IN METROPOLITAN COUNTY:

- PLACE OF 500,000 OR MORE ☐ 01
- PLACE OF 100,000 - 499,999 ☐ 02
- PLACE OF 50,000 - 99,999 ☐ 03
- PLACE OF 10,000 - 49,999 ☐ 04
- PLACE OF 2,500 - 9,999 ☐ 05
- OTHER NONFARM ☐ 06
- FARM ☐ 07

IN NONMETROPOLITAN COUNTY:

- PLACE OF 10,000 - 49,999 ☐ 11
- PLACE OF 2,500 - 9,999 ☐ 12
- RURAL FARM ☐ 13
- RURAL NONFARM:
- PLACE OF LESS THAN 2,500 ☐ 14
- OTHER RURAL NONFARM ☐ 15

8. SEX AND RACE

MALE FEMALE

- MEXICAN ☐ 0 ☐ 9
- AMERICAN INDIAN ☐ 3 ☐ 7
- NEGRO ☐ 2 ☐ 6
- OTHER:
- WHITE ☐ 1 ☐ 5
- NONWHITE ☐ 4 ☐ 8

9. MARITAL STATUS OF RECIPIENT AND STATUS OF SPOUSE WITH RESPECT TO OAS:

MARRIED AND:

SPOUSE PRESENT AND:

RECIPIENT OF OAS ☐ 1

SPOUSE'S CASE NO. _____

NOT RECIPIENT OF OAS ☐ 3SPOUSE NOT PRESENT ☐ 4WIDOWED ☐ 5DIVORCED ☐ 6SEPARATED ☐ 7NEVER MARRIED ☐ 8

10. MOBILITY AND CARE FROM OTHERS:

CONFINED TO HOME BECAUSE OF
PHYSICAL OR MENTAL CONDITION:BEDFAST ☐ 1CHAIRFAST ☐ 2

10. (CONTINUED)

NOT BEDFAST OR CHAIRFAST:

NEEDS CARE FROM OTHERS ☐ 3DOES NOT NEED CARE
FROM OTHERS ☐ 4NOT CONFINED TO HOME BECAUSE OF
PHYSICAL OR MENTAL CONDITION:

NEEDS CARE IN HOME:

NEEDS HELP TO GET
AROUND OUTSIDE HOME ☐ 5DOES NOT NEED HELP TO
GET AROUND OUTSIDE HOME ☐ 6

DOES NOT NEED CARE IN HOME:

NEEDS HELP TO GET
AROUND OUTSIDE HOME ☐ 7DOES NOT NEED HELP TO
GET AROUND OUTSIDE HOME ☐ 8UNKNOWN ☐ 9

11. LIVING ARRANGEMENT (CHECK FIRST APPLICABLE)

IN OWN HOME (OWNED, RENTED OR FREE;
HOUSE, APARTMENT, LIGHT HOUSEKEEPING
ROOM(S), TRAILER, OTHER):ALONE ☐ 00WITH SPOUSE ONLY ☐ 10

WITH OTHER PERSON(S):

SPOUSE PRESENT ☐ 20SPOUSE NOT PRESENT ☐ 30SHARED LIVING ARRANGEMENTS ☐ 35

11. (CONTINUED)

IN HOME OF SON OR DAUGHTER ☐ 40IN HOME OF OTHER PERSON ☐ 50ELSEWHERE (HOTEL, ROOMING
OR BOARDING HOUSE, OTHER) ☐ 60

NOT IN INSTITUTION

IN "INSTITUTION":

NURSING OR CONVAL-
ESCENT HOME ☐ 70PUBLIC MEDICAL
INSTITUTION ☐ 80OTHER MEDICAL
INSTITUTION ☐ 81BOARDING HOME
LICENSED BY SDSW ☐ 90INSTITUTION
LICENSED BY SDSW ☐ 91OTHER ☐ 9212. NUMBER OF PERSONS IN HOUSEHOLD
(ONLY IF CODED 00-50, ITEM 11):

13. CONTRIBUTIONS FROM CHILDREN:

NO LIVING CHILDREN ☐ 0UNKNOWN WHETHER LIVING
CHILDREN ☐ 8DEPENDENT CHILDREN ONLY ☐ 1

13. (CONTINUED)

CHILDREN, CONTRIBUTING TO
RECIPIENT'S SUPPORT AND:ALL OF WHOM LIVE IN
SAME HOME AS RECIPIENT ☐ 2SOME OF WHOM LIVE IN
SAME HOME AS RECIPIENT ☐ 4

AND SOME LIVE ELSEWHERE

ALL OF WHOM LIVE
ELSEWHERE ☐ 3CHILDREN NOT CONTRIBUTING
TO RECIPIENT'S SUPPORT AND:ALL OF WHOM LIVE IN
SAME HOME AS RECIPIENT ☐ 5SOME OF WHOM LIVE IN
SAME HOME AS RECIPIENT ☐ 7

AND SOME LIVE ELSEWHERE

ALL OF WHOM LIVE
ELSEWHERE ☐ 6

14. RECEIPT OF OASDI BENEFITS:

RECIPIENT MARRIED
(CODES 1-4, ITEM 9):

OASDI BENEFITS RECEIVED BY:

RECIPIENT ONLY ☐ 1

SPOUSE ONLY ☐ 2

BOTH RECIPIENT
AND SPOUSE ☐ 3

NEITHER RECIPIENT
NOR SPOUSE ☐ 4

RECIPIENT NOT MARRIED
(CODES 5-8, ITEM 9):

RECEIVES OASDI BENEFITS ☐ 5

DOES NOT RECEIVE
OASDI BENEFITS ☐ 6

15. RECEIPT OF BENEFITS OR PENSIONS
OTHER THAN OASDI BENEFITS:

NONE ☐ 0

VETERAN'S BENEFIT ONLY ☐ 1

RAILROAD RETIREMENT
BENEFIT ONLY ☐ 2

OTHER FEDERALLY-
ADMINISTERED BENEFIT ONLY ☐ 3

OTHER BENEFIT OR
PENSION ONLY ☐ 4

MORE THAN ONE TYPE OF
BENEFIT OR PENSION ☐ 5

16. NUMBER OF ROOMS IN HOUSEHOLD _____

COMPLETE ITEMS 17 - 22 ONLY FOR
RECIPIENTS WITH LIVING ARRANGEMENTS
CODED 00 - 60 IN ITEM 11.

17. ELECTRIC LIGHTS?

NOT APPLICABLE
(CODES 70 - 92, ITEM 11) ☐ 0

YES ☐ 1

NO ☐ 2

UNKNOWN ☐ 3

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18. READY ACCESS TO PHONE?

NOT APPLICABLE
(CODES 70-92, ITEM 11) ☐ 0

YES ☐ 1

NO ☐ 2

UNKNOWN ☐ 3

19. REFRIGERATION?

NOT APPLICABLE
(CODES 70-92, ITEM 11) ☐ 0

NOT APPLICABLE
(CODE 60, ITEM 11) ☐ 1

REFRIGERATION:

MECHANICAL ☐ 2

ICE ☐ 3

TYPE UNKNOWN ☐ 4

NO REFRIGERATION ☐ 5

UNKNOWN ☐ 6

20. RUNNING WATER AVAILABLE?

NOT APPLICABLE
(CODES 70-92, ITEM 11) ☐ 0

IN BUILDING:

HOT AND COLD ☐ 1

COLD ONLY ☐ 2

UNKNOWN ☐ 3

OUTSIDE BUILDING ☐ 4

NO RUNNING WATER ☐ 5

UNKNOWN ☐ 6

21. FLUSH TOILET?

NOT APPLICABLE
(CODES 70-92, ITEM 11) ☐ 0

AVAILABLE:

FOR EXCLUSIVE USE
OF HOUSEHOLD ☐ 1

SHARED WITH ANOTHER
HOUSEHOLD ☐ 2

UNKNOWN WHETHER SHARED ☐ 3

NO FLUSH TOILET ☐ 4

UNKNOWN ☐ 5

22. HEATING EQUIPMENT AND
TYPE OF HOUSING UNIT

NOT APPLICABLE
(CODES 70-92, ITEM 11) ☐ V

CENTRAL HEATING EQUIPMENT:

HOUSE ☐ 0

APARTMENT ☐ 1

LIGHT-HOUSEKEEPING
ROOMS ☐ 2

OTHER ☐ 3

OTHER TYPES OF HEATING
EQUIPMENT:

HOUSE ☐ 4

APARTMENT ☐ 5

LIGHT-HOUSEKEEPING
ROOMS ☐ 6

OTHER ☐ 7

TYPE OF HEATING
EQUIPMENT UNKNOWN ☐ 8

NO HEATING EQUIPMENT ☐ 9

UNKNOWN WHETHER
HEATING EQUIPMENT ☐ X

COMPLETE ITEMS 23 AND 24 ONLY FOR
RECIPIENTS LIVING IN A HOUSE WHICH
IS THEIR OWN HOME (OWNED, RENTED
OR FREE), I.E., CODED 0 OR 4 IN
ITEM 22 AND 00-30 IN ITEM 11).

23. FUEL USED FOR SPACE HEATING:

NOT APPLICABLE - RECIPIENT
NOT IN HOUSE WHICH IS OWN
HOME ☐ 0

COAL OR COKE ☐ 1

WOOD ☐ 2

UTILITY GAS PIPED ☐ 3

BOTTLE OR TANK GAS ☐ 4

ELECTRICITY ☐ 5

FUEL OIL, KEROSENE, ETC. ☐ 6

OTHER ☐ 7

UNKNOWN TYPE OF FUEL ☐ 8

24. FUEL USED FOR COOKING:

NOT APPLICABLE - RECIPIENT
NOT IN HOUSE WHICH IS OWN
HOME ☐ 0

COAL OR COKE ☐ 1

WOOD ☐ 2

UTILITY GAS (PIPED) ☐ 3

BOTTLE OR TANK GAS ☐ 4

ELECTRICITY ☐ 5

FUEL OIL, KEROSENE, ETC. ☐ 6

OTHER ☐ 7

UNKNOWN TYPE OF FUEL ☐ 8

25. REAL PROPERTY

A. TYPE (CHECK ALL APPLICABLE)

NO REAL PROPERTY ☐ 0

HOME ☐ 1

PROPERTY SALE PROCEEDS
RETAINED FOR HOME PURCHASE ☐ 2

OTHER REAL PROPERTY ☐ 4

B. VALUE OF REAL PROPERTY

TOTAL ASSESSED VALUE \$ _____ 1

TOTAL ENCUMBRANCES \$ _____ 2

NET ASSESSED VALUE \$ _____ 3

26. SPECIAL BUDGET SITUATIONS

NOT APPLICABLE ☐ 0

	BOARD AND PERSONAL CARE (A)	NURSING CARE IN BOARDING OR NURSING HOME (B)	PMI (VENDOR PAYMENT TO PMI) (C)
TOTAL CHARGE	\$ _____	\$ _____	\$ _____ 1
AMOUNT OF CHARGE ALLOWED IN BUDGET	\$ _____	\$ _____	\$ _____ 2
OTHER BASIC NEED ALLOWANCE	\$ _____	\$ _____	\$ _____ 3
OTHER SPECIAL NEED ALLOWANCE	\$ _____	\$ _____	\$ _____ 4
TOTAL NEED	\$ _____	\$ _____	\$ _____ 5

27. TYPE AND AMOUNT OF MEDICAL SPECIAL NEED
(DO NOT INCLUDE ITEMS PAID FROM MEDICAL CARE FUND)

NONE ☐ 0

DOCTOR - PRACTITIONER \$ 01

DRUGS \$ 02

THERAPEUTIC PREPARATIONS \$ 03

FOOD SUPPLEMENTS \$ 04

X-RAY THERAPY \$ 05

NURSING CARE IN RECIPIENT'S HOME \$ 06

PRIVATE HOSPITAL \$ 07

PREPAID MEDICAL-HOSPITAL CARE \$ 08

PMI (NO VENDOR PAYMENT) \$ 09

PROSTHETIC APPLIANCES, SICK ROOM EQUIPMENT AND MEDICAL SUPPLIES (A.206.8) \$ 10

DENTURES \$ 11

OTHER DENTAL \$ 12

EYEGLASSES \$ 13

HEARING AID (INCLUDED BATTERIES) \$ 14

PAYMENT ON MEDICAL DEBTS (SPECIFY) \$ 15

OTHER \$ 16

TOTAL AMOUNT ALLOWED \$ 17

28. TYPE AND AMOUNT OF NON-MEDICAL SPECIAL NEEDS:

NONE ☐ 00

TELEPHONE \$ 01

HOUSING AND UTILITIES \$ 02

EXPENSE FOR HOME REPAIRS \$ 03

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28. (CONTINUED)

HOUSEHOLD EQUIPMENT \$ 04

LAUNDRY SERVICE \$ 05

FOODS: RESTAURANT MEALS \$ 06

SPECIAL DIET \$ 07

HOUSEKEEPING SERVICE \$ 08

BOARD AND ROOM \$ 09

PAYMENTS ON DEBTS \$ 10

TRANSPORTATION \$ 11

YARD CARE \$ 12

OTHER (SPECIFY) \$ 13

TOTAL AMOUNT \$ 14

29. CASH INCOME

	TOTAL (1)	AMOUNT CONSIDERED IN COMPUTING GRANT (2)
NET EARNINGS OF RECIPIENT	\$ 01	\$ 11
VOLUNTARY CASH CONTRIBUTIONS:		
FROM ADULT CHILDREN	\$ 02	\$ 12
FROM SPOUSE	\$ 03	\$ 13
FROM OTHERS	\$ 04	\$ 14
NONVOLUNTARY CASH CONTRIBUTIONS:		
FROM ADULT CHILDREN	\$ 05	\$ 15
FROM SPOUSE	\$ 06	\$ 16
OASDI BENEFITS	\$ 07	\$ 17
OTHER BENEFITS OR PENSIONS	\$ 08	\$ 18
OTHER CASH INCOME	\$ 09	\$ 19
TOTAL	\$ 10	\$ 20

IDENTIFICATION

1. COUNTY _____

2. STATE NUMBER _____

3. NAME _____

4. SCHEDULE NUMBER _____

FOR STATE USE

30. CASH INCOME ALLOCATED TO SPOUSE \$

31. FOR STATE USE \$

36. WAS RECIPIENT CONTACTED TO OBTAIN INFORMATION FOR COMPLETING THIS SCHEDULE?

YES ☐ 1 NO ☐ 2

32. INCOME IN KIND WITH MONEY VALUE ASSIGNED

USE AND OCCUPANCY \$ 1

IN KIND CONTRIBUTION FROM ADULT CHILDREN \$ 2

OTHER IN KIND INCOME \$ 3

TOTAL (SUM OF LINES 1 - 3) \$ 4

33. FINANCIAL SUMMARY

TOTAL NEED \$ 1

NET INCOME \$ 2

ASSISTANCE TO WHICH ELIGIBLE \$ 3

OVERPAYMENT ADJUSTMENT \$ 4

GRANT INCLUDING ALL SUPPLEMENTAL WARRANTS: \$ 5

PAID TO PMI \$ 6

DIRECT TO RECIPIENT \$ 7

COUNTY SUPPLEMENTATION:

MONEY PAYMENT TO RECIPIENT \$ 8

VENDOR PAYMENT \$ 9

UNMET NEED (FOR STATE USE) \$ 10

34. TOTAL INCOME AVAILABLE FOR RECIPIENT'S USE (FOR STATE USE) \$

35. TOTAL CASH INCOME (FOR STATE USE) \$

DO NOT WRITE IN THIS SPACE

37. RESPONSIBLE RELATIVES (SPOUSE, ADULT CHILDREN)

(REPORT ON SPOUSE AND ADULT CHILDREN WHETHER LIVING IN CALIFORNIA OR ELSEWHERE.
SEE INSTRUCTIONS ON "OUT-OF-STATE" RELATIVES. MAKE AN ENTRY FOR EACH RELATIVE
IN EACH COLUMN; USE CODES LISTED ON BOTTOM OF FORM WHERE APPLICABLE.)

RESPONSIBLE RELATIVES' NAMES	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
	RELATIONSHIP TO RECIPIENT	RESIDENCE	MARITAL STATUS	SOURCE OF INCOME	GROSS INCOME	NET INCOME	ADJUSTED NET INCOME	NUMBER OF DEPENDENTS	SCALE LIABILITY	FIXED LIABILITY	AMOUNT OF CONTRIBUTION	VALUE OF CONTRIBU- TION TO RECIPIENT	NATURE OF CONTRIBUTION
	(CODE)	(CODE)	(CODE)	(CODE)	*	*	*						(CODE)
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													

CODES FOR COLUMN NUMBERS:				
(1)	(2)	(3)	(4)	(13)
RELATIONSHIP TO RECIPIENT	RESIDENCE	MARITAL STATUS	SOURCE OF INCOME	NATURE OF CONTRIBUTION
HUSBAND 1	SAME HOME 1	MARRIED 1	NO INCOME 0	NONE 0
WIFE 2	OTHER HOME -	NEVER MARRIED 2	EARNINGS:	CASH ONLY 1
SON 3	IN SAME COUNTY 2	WIDOWED 3	SELF EMPLOYMENT 1	KIND ONLY 2
DAUGHTER 4	OTHER CALIF. COUNTY 3	SEPARATED 4	EMPLOYMENT BY	BOTH 3
	NOT IN CALIFORNIA 4	DIVORCED 5	OTHERS 2	
	UNKNOWN V	UNKNOWN V	PUB. ASSIS. 3	
			OTHER SOURCE 9	

* ROUND TO NEAREST DOLLAR.

FORM COMPLETED BY _____
DATE _____

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

J. M. WEDEMEYER
Director

EDMUND G. BROWN
Governor

State of California
DEPARTMENT OF SOCIAL WELFARE

722 Capitol Avenue
Sacramento 14

September 1, 1960

DEPARTMENT BULLETIN NO. 450 (REVISED) (ANC)

TO: CHILDREN'S INSTITUTIONS
MATERNITY HOMES

Subject: Applications for ANC
Filed By Institutions

This bulletin supersedes Department Bulletin No. 450 (ANC) and No. 450A (ANC), in describing the special policies and procedures under which applications for ANC may be filed by institutions. Because the Manual of Policies and Procedures--Aid to Needy Children is written for the use of county welfare departments, those policies and procedures peculiar to institution filing are incorporated in bulletin form. However, the ANC Manual and department bulletins will continue to be used by the institutions in determining eligibility, in completing forms, and in claiming state funds under the ANC program. Wherever the statute reads "county" or "county welfare department" the same responsibility belongs to the institution receiving aid for a child under W&I Code 1557.

Effective August 1, 1960, all required forms pertaining to applications and claims for state funds under the ANC program shall be sent to the State Area Office serving the county in which the institution is located. The decision whether to grant aid or deny aid will be made by the area office of the State Department of Social Welfare. The institution must provide sufficient information to the State Department of Social Welfare upon which to make a valid certification of aid. (The addresses of the area offices and the names of the counties they serve are listed at the end of this bulletin.) The required forms are:

- CA 200 - Institution, Part One - June 1960, Application For Aid to Needy Children
- CA 200 - Institution, Part Two - June 1960, Statement of Facts Relating to Eligibility For Aid to Needy Children
- CA 239 - Institution (1) - Notification of Action, Aid to Needy Children (Application, Restoration, Increase, Decrease)
- CA 239 - Institution (2) - Notification of Action, Discontinued Aid Payments

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CA 239C - Institution, Important Notice to All Recipients of Aid to Needy Children

CA 278M - Institution, Authorization to Start, Change or Stop Aid Payments

CA 800 - Institution, Institution Aid Affidavit to Accompany Monthly Claim For Aid

CA 801 - Institution, Monthly Claim for State Aid to Needy Children

These forms may be secured without cost from the Central Office of the State Department of Social Welfare, 722 Capitol Avenue, Sacramento 14, California.

I. APPLICATION FOR AID TO NEEDY CHILDREN, FORM CA 200-I, PARTS ONE AND TWO

A. General

Form CA 200-Institutions, Parts One and Two, Revised June 1960, is the application jointly of the institution and the parent to the State Department of Social Welfare for state funds for the child or children whom the institution is maintaining and whom the institution believes may be eligible to receive ANC. The application is made by the institution if the parent cannot be located, or is unwilling to apply, or both parents are dead. The form shall be completed for all the children of one family whom the institution is maintaining, i.e., children having both parents in common. If ANC is being requested for children who have only one parent in common, e.g., half-brother and sister, separate applications shall be completed.

Form CA 200-Institution, Parts One and Two, shall be completed in duplicate. The original and the copy shall be forwarded to the area office of the State Department of Social Welfare. The copy will be returned to the institution to be retained in the case file.

B. Instructions for Completion of Form CA 200-I, Part One

Upper right hand corner: The State Number is inserted on the institution's copy by the area office of the State Department of Social Welfare.

Former State Number If Reapplication or Additional Child: If state funds are requested for an additional child of the same family group already receiving ANC in the institution, the state number for the family shall be inserted.

Name of Institution: Enter the name of the institution.

Name of Applicant: Enter the name of the person (e.g., parent, legal guardian) making application, and show relationship, if any, to children.

Authorized Institution Representative: Enter the name of the superintendent or other person authorized to represent the institution, which is making application. Show title of person.

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Full Name of Child: Enter the surname and given name for each child of the same parents for whom ANC is requested.

Signature of Applicant (Parent): Obtain signature of parent whenever possible.

Authorized Institution Representative: This form shall be signed by the superintendent or other person authorized to represent the institution.

II. DETERMINATION OF ELIGIBILITY

It will be noted that the Manual of Policies and Procedures--Aid to Needy Children, was prepared primarily for the use of the counties. Therefore, many sections of the manual do not have the same connotation for the institution filing ANC applications with the State Department of Social Welfare. For instance, the "applicant" or "payee" is usually the parent, relative or legal guardian with whom the child is living. When an institution is maintaining a child, it joins with his parent or legal guardian in filing application for state funds to the extent of ANC funds available. However, in either event, the points of eligibility set forth in the Welfare and Institutions Code, the regulations of the State Department of Social Welfare, and the general provisions in the manual for determining eligibility shall be followed by the institutions, as well as by the counties. Necessarily, there must be sufficient variation in procedure and in certain policies to permit adaptability.

Institutions filing applications direct with the State Department of Social Welfare shall be governed by the ANC manual where the procedure set forth therein is applicable to the individual situation. The entire sections on Deprivation and Age are ... basic for the determination of the deprivation of parental support or care, for the birth date, and for eligibility of children over 16 years of age. Most of the sections on Property and Income are applicable to children under the care of an institution. The chapter on Responsible Relatives with respect to the responsibility of parents, obtaining support from absent parents, and referral and notification to the District Attorney are applicable. The section on State Residence is important because for the child not born in California state residence must always be established. Determination of county responsibility for payment need not be done for children maintained by an institution. The chapter on Institutional Status is applicable for children who need care in a public medical institution.

III. COMPLETION OF PART TWO OF THE APPLICATION FOR AID TO NEEDY CHILDREN-STATEMENT OF FACTS RELATING TO ELIGIBILITY FOR AID TO NEEDY CHILDREN

Application - Redetermination: Check the appropriate box to indicate whether the form is being completed as part of the application or as the recipient's affirmation for a redetermination of eligibility.

Identifying Information: Enter the name of parent or legal guardian; address; relationship to children; and case number as provided.

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- A. Birth date(s): Enter the full name of all children who were included on Part One of the application. Enter the month, day, and year of birth of each child and the name of the state in which the child was born.
- B. Residence: If state residence of the child is established by the residence of the parent, or by the child's own physical presence, enter the individual's name and show date he last came to California. Where a child's residence is established by the residence of the parent, enter the parent's name only. It is not necessary to indicate the name of the child born in California as shown in "A" above.
- C. Deprivation Status: Enter the name of the parent whose death, absence or incapacity results in deprivation of support or care of the child.
- Place a check mark under appropriate heading describing deprivation.
- D. Eligibility of 16-17-year-old child: Enter name of child 16 or 17 years of age and indicate by check mark under appropriate heading whether the child is regularly attending school, is disabled, or is employed and contributing to his own support.
- E. Real Property: Enter "yes" if any or all of the children or either of the parents, including absent parent, own, have any interest in real property, or are making payments on real property. Otherwise, enter "no." List the name of the title holder and describe as "house," "vacant lot," "20-acre farm," etc.
- F. Personal Property: Enter "yes" if any or all of the children or either or both of the parents of the child in the institution have personal property. Otherwise, enter "no." List the names of persons owning personal property and describe kind of personal property.
- G. List Any Real or Personal Property Disposed of During the Last Year: If any property owned by parents, including the absent parent, and/or children was disposed of during the last year, list by type of property, as "house and lot," "automobile," "savings bonds," etc.
- H. Is Either Parent or the Child Employed?: Enter "yes" if any such person is employed and list name of person, name of employer, and amount of weekly or monthly wages earned.
- J. List Approximate Income Received by Family: If the family has been in receipt of income over the last three months, list source of income and the amount received. On redeterminations worker and recipient should review income received over previous year, and enter the total income received by source.

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Signature of Parent: The parent is to make his usual signature. A woman is to use her own given name, not her husband's given name. A parent who usually prints his name may sign his name in this manner. A typewritten name, a carbon copy of a signature, or a rubber stamp imprint is not an acceptable signature. If the applicant is unable to sign his name, a mark or thumbprint may be used. In this case, the signature of two persons are required as witnesses.

Acknowledgement: The parent's signature on this application is to be acknowledged under oath.

Signature of Qualified Institution Representative: The individual representing the institution must sign this document.

FOR INSTITUTION USE ONLY: How Established: In Column indicated for Institution Use Only, the worker is to record opposite the statement (completed by the applicant) how the facts relating to eligibility have been established. The recording must be brief and concise. It is suggested that short phrases be used, e.g., "parent's statement," "birth certificate seen" (followed by date), "tax receipt seen," "school contacted," etc., or other appropriate recording as is necessary.

Opposite statements regarding real and personal property, total value of property should be shown in order to establish that the applicant's total value of property does not exceed the maximum allowable.

Reference should be made to detail on forms in the case record or in the narrative recording.

Summary of Major Problems: Identify and record by brief recording the major problem or problems of the family requiring agency help. Sufficient recording should be included to describe the need for institutional care, and the factors leading toward application for aid. This will provide a basis for the social plan that the institution plans to follow to meet the problem(s) of the children or family.

Explanation: (See reverse of this form): Where there is conflicting evidence or it is necessary to augment statement of facts relating to eligibility, the additional statement can be recorded on the reverse side of the form.

IV. AMOUNT OF STATE FUNDS AVAILABLE UNDER ANC PROGRAM

The amount payable to an institution on behalf of a needy child under the provisions of W&I Code Section 1557 is 67.5 percent of the cost not to exceed \$75 or a maximum of \$50.63 per month.

If the contribution of a parent or other income for the specific support of a child, is less than the institution's charge for care for the child, the institution may request state funds in the amount which is the difference between such income and the charge for care, except that state funds payable may not exceed 67.5 percent of \$75, or \$50.63 per month.

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EXAMPLE 1: Payment by the father for a child under the supervision of the institution is being received. After deducting the income from the institution cost of care there remains a \$40.00 net cost to the institution. State reimbursement is available at the rate of 67.5 percent of the \$40.00 net cost or \$27.00 for the month.

EXAMPLE 2: The child receives \$23.00 a month from a trust fund. After deducting the income from the institution cost of care there remains a net cost of \$67.00 to the institution.

Reimbursement is available at the rate of 67.5 percent of the \$67 net cost or \$45.23 for the month.

If eligibility is established, state funds are available from the date the application, Form CA 200-I, Part One, is signed by the institution representative unless the institution indicates that the child's eligibility did not begin until a later specified date.

If a child is in an institution or in care of the institution for less than a full month the amount paid is prorated on the basis of the number of days the child is in the boarding home or institution.

If the child is not in the care of the institution on the first of the month but is received during the month, claim may be made for the portion of the month that the child is in the institution or boarding home.

If there is a transfer to another agency entitled to state funds, the total state funds available to both agencies may not exceed \$50.63 for the full month.

State funds will be allowed for the full month during which the 18th birthday occurred if the child remains in the boarding home or institution for the full month. Exception: The child whose 18th birthday falls on the first day of the month is not eligible to receive ANC for that month.

V. THE PROCESS OF PAYING ANC IN PLACEMENT - GENERAL INFORMATION

A. Determination of Amount of Aid to Needy Children Payment (BHI)

The purpose of the Aid to Needy Children foster care payment is to provide a standard of care which will promote physical, mental, and spiritual growth and health, and will offer opportunity for participation in community life.

For children living in the institution the rate is based on the cost of the various need items as shown by cost studies.

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B. Determination of Amount of Income Available for Care of Child

1. Received by Child: If income is received by the child, a determination must be made of the amount available for his support in foster care or in the institution.

If the income is from the child's earnings, the net amount available for his support is determined by the procedure shown in the appropriate manual section. (Manual Sections C-212.30 and C-212.67)

2. Received by Parent: Income received by a parent is considered in determining the amount of grant for the child in foster care only to the extent that it is made available to the institution for the child's support. If the parent receives income which is not made available for the support of the child, it is considered only potential income. However, every effort must be made to obtain support for the child.

VI. CALIFORNIA ANC REQUIREMENTS TO OBTAIN SUPPORT FOR CHILDREN FROM ABSENT PARENTS

State laws define the responsibilities of the state and local agencies (institutions) in obtaining support from a parent. These laws require the institution to cooperate with the district attorney in obtaining support as well as to continuously determine and utilize all resources available to a child including the support received from the parent.

Referral to the district attorney at time of application in cases where the absent parent's whereabouts is unknown, and notification to the district attorney when aid is granted are required.

Also W&I Code 1523 defines the circumstances under which there is refusal to cooperate with law-enforcement officers.

In 1951, the California Legislature enacted the Uniform Reciprocal Enforcement of Support Law which allowed for interstate cooperation in regard to absent parents and the obtaining of support.

A. How Support is Obtained:

The following are the usual methods for obtaining support from absent parents:

1. Voluntary Agreement Between Parents

When there is ability and willingness on the part of the absent parent to contribute to support, the parents may have reached voluntary accord which is adequate and reasonable under the circumstances.

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2. Voluntary Agreement With Cooperation Between Parents and Institutions:

The institution has the responsibility for exploring and developing potential income and resources to the ANC family. Casework services should be provided in assisting the parents to voluntarily make as adequate a plan as is possible.

3. Voluntary Agreement With Cooperation Between Parents and District Attorney:

When a referral has been made to the district attorney for action, that office determines the ability and willingness of the absent parent to contribute to the support of his child.

4. Civil Action

Civil Action in which support is ordered, such as in divorce or separate maintenance, may result in a court order for support, either for the wife, the child, or for both wife and child. Failure to comply with the terms of a court order could subject the parent to contempt of court proceedings.

5. Criminal Action

Willful failure of a parent to provide necessary food, clothing, shelter, medical attendance or other remedial care for a child is a misdemeanor. While criminal action in itself may not be a method for obtaining support, often the absent parent's acceptance of liability is made in lieu of any further action. Payment of support in the amount of the court order may be a condition of probation.

6. Proceeding Under Uniform Reciprocal Enforcement of Support Law

All states have now adopted Reciprocal Enforcement of Support Legislation which makes it possible to obtain support from parent absent in another state. Civil proceedings are begun in the state where the child lives and are forwarded to the courts of the state where the absent parent lives for a determination of liability and for enforcement of support. The reciprocal laws also provide a simplified procedure in criminal prosecution for nonsupport.

7. Referral and Notification to the District Attorney

The institution is required to refer the case to the district attorney at the time of application if the whereabouts of the parents is unknown. The institution must notify the district attorney when aid is granted in absent parent nonsupport cases. (Section 1552.4 W&IC.) The suggested form is - Notice to District Attorney of Desertion or Abandonment Under Section 1552.4 of the Welfare and Institutions Code. This form can be obtained from the State Department of Social Welfare, 722 Capitol Avenue, Sacramento 14, California.

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The district attorney should not be notified if:

- a. it is definitely established that the parent is financially incapable of providing support or more than he is providing currently;
- b. if the father is contributing according to his ability;
- c. the child has been relinquished for adoption or the mother is exploring plans for adoption of the child;
- d. legal action has failed to establish paternity;
- e. if the father is in a penal or mental institution;
- f. there has been no substantial change in the parents' circumstances since a legal determination of his ability to support has been made.

B. Determination of Ability to Support

To provide for an equitable and efficient determination of ability to support, a suggested "Guide to Ability of Absent Parent to Support" has been prepared.

A "Statement of Parent Living Apart From Child" concerning the absent parent's income, contributions, dependents, unusual expenses, etc., is completed by the parent and the caseworker. This form is not to be mailed out to a parent but should be used as a casework tool to help determine the amount the parent is able and willing to contribute. After determining net income available to the absent parent, the ability to support is determined using the guide as a basis.

Whenever it appears necessary or reasonably applicable to establish other amounts, institutions may utilize the guide as indicated to meet local circumstances. Unusual expenses, based upon individual circumstances when properly verified, should be given consideration when determining the ability of an absent parent to support.

C. Guide to the Ability of Absent Parent to Support

1. Statement of Absent Parent and Contribution Scale

- a. To provide for an efficient determination of the ability of the absent parent to contribute, the "Statement of Parent Living Apart From Child" should be completed by the worker and absent parent together.
 - (1) Actual cash income (line 6) is determined by declaration of take-home pay, income from self-employment, and other income received by the absent parent.

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- (2) Unusual expenses verified and allowed by county should be shown by item and amount on line 7. (Omit if no unusual expenses are to be allowed.) Total amount allowed should be listed in space provided.
- (3) Total net monthly income is determined by deducting the amount allowed for unusual expenses from the absent parent's actual cash income (line 6). (Omit if no unusual expenses are to be allowed.)
- (4) Amount shown in line 8 as total net monthly income is the amount to be used in determining ability of the absent parent to contribute.

b. Contribution Scale

- (1) Total net monthly income as shown on Statement of Absent Parent (line 8) should be located in Column A on the Contribution Scale.
- (2) Under B, 1 through 5, the proper column should be referred to depending on the number of persons dependent on the income of the absent parent.
- (3) The maximum required monthly contribution will be indicated under the designated column. The scale amount represents the amount the absent parent is able to contribute after consideration of needs, income, and the exemption provided as an incentive allowance.

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2. Statement of Parent Living Apart From Child - (Suggested Form)

I, _____, residing at _____ the father _____ or
Name of Parent
mother _____ of _____
Name of child(ren)

Total number of children _____, do hereby make the following statement concerning my income, dependent(s), unusual expenses and obligations as well as contributions to the above-named child(ren).

1. I am now contributing \$ _____ toward the support of my child(ren). I am now providing the following for my child(ren): Clothing _____; Medical _____; Other _____
Yes No Yes No

I am not contributing _____

2. I am under court order to pay \$ _____ monthly for the support of my child(ren).

3. I am: Unmarried _____; Married _____; Divorced _____; Separated _____; Remarried _____.

4. I have the following person(s) other than child(ren) listed above dependent upon me:

Name	Relationship
_____	_____
_____	_____
_____	_____

5. Income: (a) I have _____ take-home pay (the amount of earnings received after (monthly) (weekly) all involuntary deductions) in the amount of \$ _____
Name and address of employer: _____

(b) I am self-employed and my total gross income is. \$ _____
Expenses for obtaining this income are:

Type of Expenses	Amount per Month
_____	_____
_____	_____
_____	_____
Total Expense \$ _____	

(c) I have other income in the total monthly amount of \$ _____
Specify _____

6. My actual cash income is \$ _____

7. The following unusual expenses have been allowed in determining ability to contribute:

Item	Amount per Month
_____	_____
_____	_____

8. My total net monthly income is \$ _____

9. According to the "Contribution Scale" (reverse side), I am able to contribute to the support of my child(ren) in the amount of. \$ _____

10. I will, from _____ 196____, contribute \$ _____ toward the support of the child(ren) named above.

Signature of Parent

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3. Token Payment by the Absent Parent

The absent parent who is unable to contribute the amount as shown by the scale should make some payment as contribution to the support of the family. While this may only represent a token payment, it will indicate a degree of responsibility and may lead to increased support in the future.

D. Redetermination of Ability to Support

A periodic redetermination of the absent parent's ability to support must be made as the situation indicates (but at no greater than 12-month intervals). Where an agency has been responsible for obtaining support from the absent parent, that agency may also take responsibility for the redetermination of his ability. However, it is recommended that if possible an agreement be made with the district attorney, probation department, or court that the agency or institution (which is responsible for redetermination of eligibility to Aid to Needy Children) take the responsibility for determining ability to support in all cases.

Where it is found that the circumstances of the parent have changed, the institution should:

1. Where the parent is contributing voluntarily, recompute his ability to support and obtain his agreement to pay in the recomputed amount.
2. Where the parent is contributing under court order, notify the appropriate agency of the change in circumstances unless the court order specifies that the agency or institution may redetermine ability to support. If the latter is the case, the agency or institution should recompute ability, obtain the new agreement with the parent and obtain concurrence of that agency.
3. Where income fluctuates markedly it would be especially indicated that the agency or institution be given this responsibility for court as well as noncourt cases.

(See next page for Contribution Scale)

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Contribution Scale

(This guide is suggested as a means for a more equitable and efficient determination of ability to support. It is recognized that it may be necessary and reasonable to revise these amounts in individual situations.)

A. TOTAL NET INCOME OF ABSENT PARENT	B. MAXIMUM REQUIRED MONTHLY CONTRIBUTIONS				
	(1)	(2)	(3)	(4)	(5)
	\$	\$	\$	\$	\$
160-169	0	0	0	0	0
170-179	6	0	0	0	0
180-189	14	0	0	0	0
190-199	22	0	0	0	0
200-209	30	0	0	0	0
210-219	38	3	0	0	0
220-229	46	11	0	0	0
230-239	54	19	0	0	0
240-249	62	27	0	0	0
250-259	70	35	0	0	0
260-269	78	43	6	0	0
270-279	86	51	14	0	0
280-289	94	59	22	0	0
290-299	102	67	30	0	0
300-309	110	75	38	0	0
310-319	118	83	46	6	0
320-329	126	91	54	14	0
330-339	134	99	62	22	0
340-349	142	107	70	30	0
350-359	150	115	78	38	0
360-369	158	123	86	46	6

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VII. Preparation of Form CA-278M-Institution

Form CA 278M-Institution is to be submitted to the State Department of Social Welfare Area Office for each new or restored case, increase or decrease in amount of support (subject to modifications below) and discontinuance of a total case. The form is to be prepared by the institution except for items noted below.

There are two sections showing amount of support for each child listed. The top section is completed for new cases and restorations; the bottom section for changes in amount of support, and for addition or discontinuance of one or more children when there are two or more children in the same case receiving aid, and the total case is not discontinued. The form is generally self-explanatory except for the following entries:

Amount of Support - Initial Payment or Restoration

Enter under this heading the net cost of support for each child listed. The net cost of support is the established cost minus any income of the child paid to the institution for support.

The institution shall maintain adequate cost records for audit purposes.

If aid is authorized effective on a day subsequent to the first day of the month and the institution uses a prorata cost per child per month, the full monthly rate (less income) shall be entered. The SDSW will compute the amount for the portion of the month when the effective date is determined, and will make appropriate notations on the Form CA 278M-I as to amount to be claimed for the initial month. Continuing cost of support will then be claimed for subsequent months at the full rate shown by the institution.

Code

This is to indicate whether the child is receiving care in the institution or in a family home. Show "I" for institutional care, "F" for family home care.

Certification

The certification section will be completed by the SDSW, signed by the authorized person and dated as of the day authorizing action is taken.

Increase, Decrease, Effective Date

Check appropriate box for increase or decrease. Effective date for new or restored cases of children will be completed by the State Department of Social Welfare. Effective date for increases, decreases or discontinuances will be entered by the institution. Date shown will be the last day of the month preceding the month for which aid is to be discontinued, and the first day of the month for which increase or decrease is to be effective.

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Amount of Support - Increase or Decrease

The continuing amount of support prior to the grant change is shown under "Amount From" the new amount under "Amount To."

The "Increase or Decrease" section is used

1. to show change in amount of support.
2. To show discontinuance of one or more children but not the total case. (Check "decrease" box, show prior grant in "Amount From" column and show "0" in "Amount To" column.)
3. To show increase or decrease in cost of institutional care.

If a child is eligible on the first day of the month remaining under the care of the institution and his status changes during the month, a Form CA 278M-I is not required to reflect a change for that month. Under the rule, state participation is available for the full month and no document showing proration is necessary. However, a document will be necessary to show discontinuance.

Reason

In this section enter the reason for discontinuance or change in grant, such as "John became 18 on February 20," "Contribution from father \$90 per month," "Child adopted as of May 1," etc.

Explanation

This is to provide for explanation and data regarding unusual circumstances.

VIII. Forms to Claim Aid

A. Use of Form CA 800-I Revised June 1960 - Institution Care Certification

Following the heading of the form a physical count of the number of children included in Column 1 of Form CA 801 will be shown in the item titled Number of Children Receiving Support. In Item A show the total amount of support given during the month which is the total of Column 3 from Form CA 801-I. Item B, the amount in excess of state basis, is the amount shown as the total of Column 4 from Form CA 801-I. Item C, the basis for state participation, is the total amount of support given during the month (Item A) less the amount by which the support for each individual child exceeded the state basis of \$75. Item D is the state share. This is determined by multiplying Item C (the basis for state participation) by 67.5 percent as provided in Section 1557 of the Welfare and Institutions Code. Items E and F will be left blank for state use only.

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CONTINUATION SHEET
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(Pursuant to Government Code Section 11380.1)

The person responsible for the administration of the institution will sign the certification showing his title and the date on which the certification is accomplished.

B. Use of Form CA 801-I Revised June 1960 - Monthly Institution Payroll (Contra Roll)

In Column 1 show the name of each child separately. In column 2 list the type of support given. If the child is receiving care in the institution, the type of support is institutional and the code symbol "I" will be shown. If the child had been placed in a foster home outside of the institution show "FH." In Column 3 show the amount of support paid to each individual child shown in Column 1. In Column 4 show the amount by which the support exceeds the state basis of \$75, i.e., whenever the amount shown for an individual child shown in Column 3 is more than \$75 the amount by which Column 3 exceeds \$75 will be shown in Column 4. If the amount in Column 3 is \$75 or less for an individual child, Column 4 will be left blank or it will show a zero.

IX. Actions Restoring, Increasing, Decreasing or Discontinuing Aid

A. Restoration of Aid

The institution shall submit to the appropriate area office, Form CA 200-I Part Two, completed to cover the eligibility point or points which caused the discontinuance; and Form CA 278M-I.

B. Increase or Decrease in Aid

The institution shall submit to the appropriate area office CA 278M-I to increase or decrease aid.

C. Discontinuance of Aid

The institution shall submit to the appropriate area office CA 278M-I to discontinue aid.

X. Redetermination of Eligibility

In order that there will be assurance that children for whom ANC is being paid remain eligible to receive public funds, redetermination of their eligibility shall be made at least annually. Redetermination is necessary at more frequent intervals in cases where a change in the status of the parents, assets, or income raises a question of continued eligibility. All evidence, including the narrative history, must be reevaluated at the time of redetermination in accordance with the current rules and regulations of the State Department of Social Welfare and the Welfare and Institutions Code. The case record must show the steps taken by the institution to secure any additional required evidence establishing continued eligibility.

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For current cases redetermination of eligibility shall be due in the anniversary month of approval by the State Department of Social Welfare. When eligibility has been redetermined, CA 200 I, Part Two, shall be completed in duplicate and marked "Redetermination." The original shall be sent to the Area Office of the State Department of Social Welfare and the copy shall be retained in the institution case file.

XI. Additional Instructions - Maternity Homes

The Application, Form CA 200-I, Parts One and Two

When an application is being made by a maternity home for state funds for an unborn child, the Form CA 200-Institution, Parts One and Two, shall be completed as described in this bulletin, except that in Item I, the "Given Name" of the child shall be entered as "unborn."

XII. Forms Used By the Institution

A. Form CA 239-I, (1) Notice of Action Application, Restoration, Increase, Decrease

Form CA 239-I, (1) including all the information appearing on both the face and reverse of the CA 239-I, (1) is used to meet the institution's responsibility for notifying the parent of its action - application, restoration, increase or decrease. The form CA 239-I, (1) is a letter to the individual and the statement is the institution's explanation of the reason for the action.

B. CA 239-I, (2) Notice of Action By Institution To Parent

Form CA 239-I, (2) including all the information appearing on both the face and the reverse of the CA 239-I, (2) is used to meet the institution's responsibility for notifying the applicant or recipient of its action, discontinuing of aid. The Form CA 239-I, (2) is a letter to the individual and the statement inserted on the face of the form following the word "because" is the institution's explanation to him of the reason for its action.

C. CA 239C-I, Important Notice to All ANC Recipients

Form CA 239C-I is used to notify the parent of his obligation to report any change in his circumstances. The form will be sent on all new cases and restorations and on continuing cases at least semi-annually or at other times the institution believes notification would be of particular significance.

XIII. Review of Case Records by State Department of Social Welfare

On any case in which ANC funds have been paid or are being paid the institution must make available the record for review upon request of the State Department of Social Welfare.

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XIV. Case Records

The institution shall maintain case records containing all information regarding each child for whom application is made or who is receiving assistance, including the evidence on which determination of eligibility is based.

The case record shall contain a social history, and subsequent narrative entries. It shall also include, in a uniform arrangement, copies of all forms completed in connection with an application and determination of eligibility, including copies of all forms required for submission to the State Department of Social Welfare, and copies of all correspondence.

One copy each of such forms, documents, and records shall be preserved irrespective of the length of time payment of state funds may have been discontinued.

For the Confidential Nature of Records, see Manual Section C-022 et. seq.

XV. Addresses of the Area Offices of the State Department of Social Welfare and Counties They Serve

Sacramento Area Office:	Alpine	Madera	Sierra
1530 Capitol Avenue :	Amador	Mariposa	Siskiyou
Sacramento, California:	Butte	Merced	Stanislaus
	Calaveras	Modoc	Sutter
	Colusa	Nevada	Tehama
	El Dorado	Placer	Trinity
	Fresno	Plumas	Tulare
	Glenn	Sacramento	Tuolumne
	Kings	San Joaquin	Yolo
	Lassen	Shasta	Yuba
San Francisco Area Office:	Alameda	Lake	San Francisco
Pacific Building :	Contra Costa	Marin	Solano
821 Market Street :	Del Norte	Monterey	Santa Cruz
San Francisco, California:	Mendocino	Napa	Santa Clara
	Humboldt	San Benito	San Mateo
			Sonoma
Los Angeles Area Office:	Imperial	Mono	San Diego
108 West Sixth Street	Inyo	Orange	San Luis Obispo
Building :	Kern	Riverside	Santa Barbara
108 West Sixth Street :	Los Angeles	San Bernardino	Ventura
Los Angeles, California:			

Attachments

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

APPLICATION FOR AID TO NEEDY CHILDREN
PART ONE

State No. _____

Name of Institution
To the State Department of Social Welfare

Former State No. _____

I, _____
Name of Applicant (Print or Type Name in Full) Relationship to Children

residing at: _____
(Address and City)and/or _____
(Authorized Institution Representative)

hereby make application for Aid to Needy Children for the following children who are under eighteen years of age:

	Full Name of Child	Name of Father	Name of Mother
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

ANY PERSON WHO SIGNS THIS APPLICATION AND WHO WILFULLY STATES AS TRUE ANY MATERIAL MATTER WHICH HE KNOWS TO BE FALSE IS SUBJECT TO THE PENALTIES PRESCRIBED FOR PERJURY IN THE PENAL CODE OF THE STATE OF CALIFORNIA. SEC. 1550 OF THE W&I CODE.

I will notify the institution of any real or personal property transactions, change in income or other financial conditions, marriage of any of the above children, or remarriage of either parent of these children, any change in address, or if a parent is absent from the home, any information regarding his address or whereabouts or his return to the home. I solemnly swear or affirm that the statements made herein are true and correct to the best of my knowledge and belief.

Signature of Applicant (Parent)

Subscribed and sworn to before me this _____ day of _____, 19_____.

Name _____
(Signature of person authorized to acknowledge an affidavit and who explained and assisted in completion of this form)

Title _____

FOR INSTITUTION USE ONLY

Number of Statements of Facts required and attached to Part One of this Application

Signature of Institution Representative_____
Date

READ THE IMPORTANT NOTICE PRINTED ON THE BACK OF THIS SHEET

FORM CA 200 -I Part One, June 1960

△ 500

OCT 1 1960

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

IMPORTANT INFORMATION

If you have any questions or you desire further information:

1. You may get in touch with your social worker who will be glad to discuss your problem with you. All facts and any further information you wish to present will be given careful consideration. If an adjustment is in order, it will be made.
2. You may inform the State Department of Social Welfare of your complaint by going in person, or writing to that office. The department will then notify the institution. Upon receipt of such notification the institution will review the facts in your case. If they determine that you are entitled to an adjustment it may be possible to settle your complaint without further action on your part.
3. You may appeal for a hearing and a decision by the Social Welfare Board. Your appeal must be in writing. A letter is sufficient but you must state that you want a hearing and tell why you are dissatisfied. Appeals should be sent to the area office of the State Department of Social Welfare nearest your home. Area offices of the State Department of Social Welfare are located at:

Los Angeles--108 West Sixth Street Building, 108 West Sixth Street,
Los Angeles 14, California

Sacramento--1530 Capitol Avenue, Sacramento 14, California

San Francisco--Pacific Building, 821 Market Street, San Francisco 3,
California

Appeals to be considered by the State Social Welfare Board must be received by the State Department of Social Welfare within six months of the postmarked date of the notice of action you are dissatisfied with.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 1960

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

STATEMENT OF FACTS RELATING TO ELIGIBILITY FOR AID TO NEEDY CHILDREN

NAME OF APPLICANT (Parent)

CASE NUMBER

APPLICATION

REDETERMINATION

ADDRESS

RELATIONSHIP TO CHILDREN

Name of authorized institution representative

I hereby make the following statement of facts relating to eligibility for Aid to Needy Children:

(For institution use only)
HOW ESTABLISHED

A BIRTHDATE(S)

NAME OF CHILD

DATE AND STATE
OF BIRTH

1

2

3

4

5

6

7

8

B STATE RESIDENCE

NAME

DATE LAST
CAME TO CALIF.

1

2

3

4

5

C DEPRIVATION STATUS

NAME OF PARENT

DEC'D INCAP. DIV. SEP. OTHER

1

2

3

4

5

D ELIGIBILITY OF 16-17 YEAR OLD CHILD

NAME

REG. ATT'DG. SCHOOL

DISABL.

EMPL.

1

2

3

E REAL PROPERTY

Do the children or parents (including absent parents) own, have an interest in, or make payments on real property?

NAME

DESCRIPTION

1

2

3

4

FORM CA 200-I Part Two, June 1960

[illegible]

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Page 2

STATEMENT OF FACTS RELATING TO ELIGIBILITY
FOR AID TO NEEDY CHILDREN

F PERSONAL PROPERTY

Do the children or parents (including absent parents) have personal property? If yes, indicate:

NAME OF OWNER	DESCRIPTION
1	
2	
3	
4	
5	

G LIST ANY REAL OR PERSONAL PROPERTY DISPOSED OF DURING
LAST YEAR OWNED BY PARENTS (including absent parents) OR
CHILDREN

1	
2	
3	

H IS EITHER PARENT IN THE HOME OR ANY CHILD IN THE HOME
EMPLOYED?

NAME	EMPLOYER	AMOUNT EARNED
1		
2		
3		
4		

J LIST APPROXIMATE INCOME RECEIVED BY FAMILY (preceding
three months on applications, past year on redeterminations):

SOURCE	AMOUNT
1	
2	
3	
4	

Any person who signs this statement and who wilfully states as true any material matter which he knows to be false is subject to the penalties prescribed for perjury in the Penal Code by the State of California, Sec. 1550 of the W&I Code.

I will notify the institution of any real or personal property transactions, change in income or other financial conditions, marriage of any of the above children or remarriage of either parent of these children, of any change in address, or if a parent is absent from the home, any information regarding his address or whereabouts or his return to the home. I solemnly swear or affirm that the statements made herein are true and correct to the best of my knowledge and belief. I am aware that it is unlawful to give false information.

SIGNATURE OF APPLICANT (Parent)

Subscribed and sworn to before me this _____ day of _____, 19____

Name _____ Title _____
(SIGNATURE OF PERSON AUTHORIZED TO ACKNOWLEDGE AN AFFIDAVIT
WHO EXPLAINED AND ASSISTED IN COMPLETION OF THIS FORM)

Signature of authorized institution representative

SUMMARY OF MAJOR PROBLEM(S):

Date verification completed: _____

Social worker: _____

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

(Pursuant to Government Code Section 11380.1)

[illegible]

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CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

*MOTHER'S NAME:

SurnameFirst Name

*FATHER'S NAME

SurnameFirst Name

Case No. Initial Payment Restoration

CHILDREN:AMOUNT OF SUPPORTCODE

1.1.

First NameLast Name

2.2.

First NameLast Name

3.3.

First NameLast Name

4.4.

First NameLast Name

I certify that these facts have been verified by investigations that supporting evidence is on file in the department, and that to the best of my knowledge and belief the action specified for the persons listed and the amount specified is correct under existing law.

AUTHORIZED BY STATE DEPARTMENT OF SOCIAL WELFARE

Authorized Signature

Date, 19

INCREASE ☐ OR DECREASE ☐ EFFECTIVE DATE:

CHILDREN	AMOUNT FROM:	CODE	AMOUNT TO:	CODE
----------	--------------	------	------------	------

1.	
2.	
3.	
4.	

REASON:

DISCONTINUANCE (TOTAL CASE) EFFECTIVE DATE:

REASON:

*If more than one father or mother, use reverse side for names and relationships.

EXPLANATION

CA 278M-I, June 1960

CONTINUATION SHEET
IN FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

DO NOT WRITE IN THIS SPACE

Mother's Name: _____ Child No. 1
Surname, First name

Mother's Name: _____ Child No. 2
Surname, First name

Mother's Name: _____ Child No. 3
Surname, First name

Mother's Name: _____ Child No. 4
Surname, First name

Father's Name: _____ Child No. 1
Surname, First name

Father's Name: _____ Child No. 2
Surname, First name

Father's Name: _____ Child No. 3
Surname, First name

Father's Name: _____ Child No. 4
Surname, First name

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

NOTICE OF ACTION
AID TO NEEDY CHILDREN

State No:

Date:

Dear

Your _____ has been _____ effective _____ and
payment in the monthly amount of _____ will be made to this institution for
your child(ren) by the State Department of Social Welfare.

Explanation (if increase or decrease):

It is not necessary for you to see us about this notice. If you have a question
about this action and wish to discuss it, please telephone or write to us. We will
answer your questions or make an appointment to see you in person.

Sincerely,

Telephone Number _____

Social Worker _____

Form CA 239-I, (1) June 1960 Notice of Action (Application-Restoration-Increase-Decrease)

These Regulations are designated to become effective OCT 1 1960

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

IMPORTANT INFORMATION

If you have any questions or you desire further information regarding your application or the amount of aid paid to you:

You may get in touch with your social worker who will be glad to discuss your problem with you. All facts and any further information you wish to present will be given careful consideration. If an adjustment is in order, it will be made.

You may inform the nearest office of the State Department of Social Welfare of your complaint by going in person, or writing to that office. The department will then notify the institution. Upon receipt of this notification, the institution will review the facts in your case. If they determine that you are entitled to an adjustment, it may be possible to settle your complaint without further action on your part.

You may appeal for a hearing and a decision by the Social Welfare Board. Your appeal must be in writing. A letter is sufficient but you must state that you want a hearing and tell why you are dissatisfied. If you wish to appeal send your letter requesting a hearing to the nearest office of the State Department of Social Welfare. Appeals to be considered by the State Social Welfare Board must be received by the State Department of Social Welfare within 6 months of the postmarked date of the notice of action you are dissatisfied with.

Offices of the State Department of Social Welfare are located at:

Los Angeles--108 West Sixth Street Building, 108 West Sixth Street,
Los Angeles 14, California

Sacramento--1530 Capitol Avenue, Sacramento 14, California

San Francisco--Pacific Building, 821 Market Street, San Francisco 3,
California

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

State of California

Department of Social Welfare

NOTICE OF ACTION

State No.:
County No.:
District:
Date:

Dear

Your
effective

has been

because

It is not necessary for you to see us about this notice unless there are facts relating to your needs and/or income or facts which may otherwise affect your eligibility that you have not reported to us. If you have a question about this action and wish to discuss it, please telephone or write to us. We will answer your question or make an appointment to see you in person.

Sincerely,

(Telephone Number)

Social Worker

Form CA 239-I (2), June 1960 Discontinued Aid Payments
(OVER)

These Regulations are designated to become effective OCT 1 1960

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

IMPORTANT INFORMATION

If you have any questions or you desire further information:

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2. You may inform the State Department of Social Welfare of your complaint by going in person, or writing to that office. The department will then notify the institution. Upon receipt of such notification the institution will review the facts in your case. If they determine that you are entitled to an adjustment it may be possible to settle your complaint without further action on your part.
3. You may appeal for a hearing and a decision by the Social Welfare Board. Your appeal must be in writing. A letter is sufficient but you must state that you want a hearing and tell why you are dissatisfied. Appeals should be sent to the area office of the State Department of Social Welfare nearest your home. Area offices of the State Department of Social Welfare are located at:

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San Francisco--Pacific Building, 821 Market Street, San Francisco 3,
California

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CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULATIONS ;
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

IMPORTANT NOTICE TO ALL RECIPIENTS OF AID TO NEEDY CHILDREN

This institution, serving your child(ren), must receive Aid to Needy Children payments for eligible children promptly and in the right amount. You have an important part in this. Your part is in providing the information necessary to assure correct and prompt payment. It is in your interest to know the things that you need to do.

Any changes in the family's or child(ren)'s circumstances should be reported promptly. If changes are not reported promptly you may not receive the full amount of aid to which the children are entitled or you may receive aid to which the children are not entitled.

Following are some of the kinds of changes you should report:

Real property is acquired or disposed of by the parents or children.

Personal property is acquired or disposed of by the parents or children.

Either parent of the child(ren) remarries.

Changes in members of the household. You should notify us when an additional member moves into the home or when a household member leaves the home.

Changes of address for the parent not living in the home or information regarding the whereabouts of the absent parent.

An absent parent returns to the home or an incapacitated parent recovers sufficiently that he is able to work.

Children in the home have been employed or become unemployed.

Income. The parents or child(ren) begin to receive income from earnings, contributions from persons, unemployment or disability benefits, veterans' benefits, Old Age and Survivors Insurance, rent, or income from any other source.

Income changes. Even if you have already notified us that the child(ren) or their parents are receiving income from some source, you should let us know if that income increases, decreases, or stops.

Needs change. You should notify us immediately if your expenses increase or decrease.

When there is any change in the circumstances of the family or child(ren), notify us immediately by letter, by calling at our office, or by telephone.

Name of Institution

Form CA-239C - I, June 1960

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

COUNTY _____

Welfare Dept. No. _____
Case Name _____
Date of last application _____

District Attorney No. _____

NOTICE TO DISTRICT ATTORNEY
OF DESERTION OR ABANDONMENT UNDER
SECTION 1552.4, WELFARE AND
INSTITUTIONS CODE

(Note: provide such data as is known to the institution or county welfare department)

In connection with aid which has been granted to needy children who have been abandoned by their parent, the following information has been obtained:

DEFENDANT _____	COMPLAINANT _____
Aliases, if any _____	Address _____
Address _____	Phone _____
	If complainant is not mother of children listed below, give mother's name and address _____
Years lived in county _____	
Relationship to complainant _____	Years lived in county _____
	Citizenship _____
Is defendant able to work _____	If not, why _____
Proof _____	Age _____
	Birthplace _____
Name and address of doctor _____	Occupation _____
Has defendant sought work diligently _____	Union local _____
How _____	Present or last employer _____
Regular means of employment _____	Address _____
Other trades or skills _____	Time employed _____
	Earnings _____
Union local _____	Monthly aid currently granted complainant by Department of Public Welfare _____
Present or last employer _____	No. years received aid _____
Address _____	Total amount paid to complainant in past years by Department of Public Welfare _____
Phone _____	Time Employed _____
Earnings _____	Explain assistance of other agencies _____
Former employer _____	Other income or assets _____
Address _____	Money received from defendant past 12 months: Jan. _____ Feb. _____
Other income _____	March _____ April _____ May _____
Assets: Real or personal property, bank accounts, safety deposit boxes, stocks, bonds, insurance, etc. _____	June _____ July _____ Aug. _____
	Sept. _____ Oct. _____ Nov. _____
Encumbrances on assets _____	Dec. _____ TOTAL _____
Bills and obligations _____	Has defendant known whereabouts of applicant at all times during his failure to provide _____
Car make _____ Model _____	
Year _____ License No. _____	Minor children born to defendant and partner: _____
Age _____ Birth date _____ Birth place _____	Name _____ Age _____ Birthplace _____
Citizenship _____ Race _____	

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)

DO NOT WRITE IN THIS SPACE

Re defendant:		Re complainant:	
Height _____	Weight _____	Eyes _____	
Hair _____	Complexion _____		
Marks or scars _____			
Does defendant drink to excess _____	Use drugs _____	Gamble _____	
Social Security No. _____	With whom are above children living _____		
Military serial no. _____	Are children born to defendant and his partner legitimate _____		
Arrest record _____	Has defendant acknowledged paternity _____ (attach proof to this form)		
	Any dispute about paternity _____ If unmarried, did parties maintain domicile together _____		
Police No. _____	Date of marriage _____	Place _____	
Name and address of attorney _____	Date separated _____	Place _____	
If missing, when and where last seen _____	Cause _____		
Recreations _____	Date divorced: Interlocutory _____	Final _____	Place _____
Style of dress _____	Amount of court order _____	Custody _____	to _____
Where is photograph of defendant available _____	Data re prior or subsequent marriage of partner _____		
Relatives and friends, name and address: _____	Prior separations or desertions _____		
Father _____			
Mother _____	Other minor children of partner _____		
	Other minor children or dependents of defendant _____		
Has investigation been made by juvenile court _____			
Public welfare _____	date _____		
If previously referred to any district attorney in California, please indicate where and when _____			
Has defendant been interviewed by county? _____ To what did he agree? _____			
Remarks or comment by welfare department _____			
I have read the foregoing and certify that all information furnished by me is true to the best of my knowledge. I agree to cooperate fully with and render all reasonable assistance to law enforcement officials in connection with this matter of failure to provide.			
Reported by _____	Signature _____		
of the _____	Date _____		
Department _____			

(for use by District Attorney's Office)

Date issued complaint for Failure to Provide _____	Deputy _____
Recommendation of investigator: _____	Investigated by _____
	Date _____

OCT 1 1960

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

State of California

Department of Social Welfare

INSTITUTION CARE CERTIFICATION

Name of Institution _____

Address _____

Month of _____ 19 _____ Fiscal Year _____
(For State Use Only)

Forward two copies to "State Department of Social Welfare. 108 West Sixth Street, Los Angeles 14."

Number of children receiving support _____

Computation of State Share:

A. Support given during the month (from Column 3 of Form CA 801 I) \$ _____

B. Amount in excess of state basis (from Column 4 of Form CA 801 I) \$ _____

C. Basis for state participation (Item A minus Item B) \$ _____

D. State share (67.5% of Item C) \$ _____

(For State Use Only)

E. _____ \$ _____

F. _____ \$ _____

CERTIFICATION

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of the aforesaid institution; that the names of the children for whom support is claimed are correctly listed on the attached claim; that the total number of children and the amount claimed are true and correct as reported; and that, to the best of my knowledge and belief, the authorities of the institution have complied with all the provisions of Chapter 1 of Part 2 of Division 2 of the Welfare and Institutions Code and amendments thereto.

(For State Use Only)

(Signature)_____
(Title)_____
(Date)

Form CA 800 I, Revised June 1960

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATION
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

State of California

Department of Social Welfare

INSTITUTION PAYROLL (CONTRA ROLL)

(For support given under Section 1557 of the Welfare and Institutions Code)

Name of Institution

Address

Month of _____ 19____

INSTRUCTIONS

- (1) When payments are made to foster homes, show warrant (or check) number and date in Remarks Column.
- (2) Forward two copies to "State Department of Social Welfare, 108 West Sixth Street, Los Angeles 14

[illegible]

DO NOT WRITE IN THIS SPACE

Form CA 801 I, Revised June 1960

These Regulations are designated to become effective.

OCT 1 1960